

Filing Receipt

Received - 2021-10-22 03:22:16 PM Control Number - 52299 ItemNumber - 313



## **APPLICATION FOR CRITICAL LOAD STATUS - CONTINUED**

PART TWO:

To be	completed by the member. All information is required.						
	al load designation category: se select the most applicable category and subcategory, i	f applica	able)				
	Public safety A member for whom electric service is considered crucial for the protection or main:enance of public sa but not limited to hospitals, police stations, fire stations, and critical water and wastewater facilities.  *Texas Department of State Health Services license number required						
	Hospital – trauma center*  Hospital – with surgery or emergency treatment*		Emergency alert system primary or secondary transmitter				
	Licensed day surgery*		9-1-' center Police				
	Licensed emergency care*  Licensed dialysis clinic*		Fire				
	Licensed birthing clinic*  Licensed skilled nursing facility*		Water/sewage deemed critical – note community water and waste facilities however, not all individual wells, sewers	may qualify,			
	Licensed unskilled nursing facility*		etc. qualify as critical				
	Licensed assisted living facility*  Hospice services facility*		Other (explain)				
	Major or regional airport						
م لــا	Industrial  An industrial member for whom an interruption or suspension of electric service will create a dangerous life-threatening condition on the member's premises.						
1 : 1	Natural gas infrastructure  A member that supports natural gas-fired generation, inclu	uding ga	as control center or gas compressor pla	ant.			

Please provide detail for consideration of Critical Load status and attach supporting information for consideration.



## **APPLICATION FOR CRITICAL LOAD STATUS - CONTINUED**

PART ONE:	7				
To be completed by the member. All information is required.					
Member name on account: Travis County N	/IUD No. 11				
Member account number: (see attached Critical Load Spreadsheet for each facility's account num					
Service address (found on your electric bill):	Mailing address (if differ∈nt than service address):				
:					
Member primary phone number:	Member alternate phone number:				
512-740-0010	512-246-1400				
Member primary email:	Member alternate email (if any):				
randerson@crossroadsus.com	dtatum@crossroadsus.com				
MEMBER:					
The unders gned, on behalf of the member, has read and ur provided on this Application is correct and understands the i eligible for designation of Critical Load status.	nderstood the information and certifies that the information nformation will be used to determine whether the member is				
Signature: Dill An	Date: 10/22/2021				
Printed name: Robert Anderson	Title: Utility Mgr.				

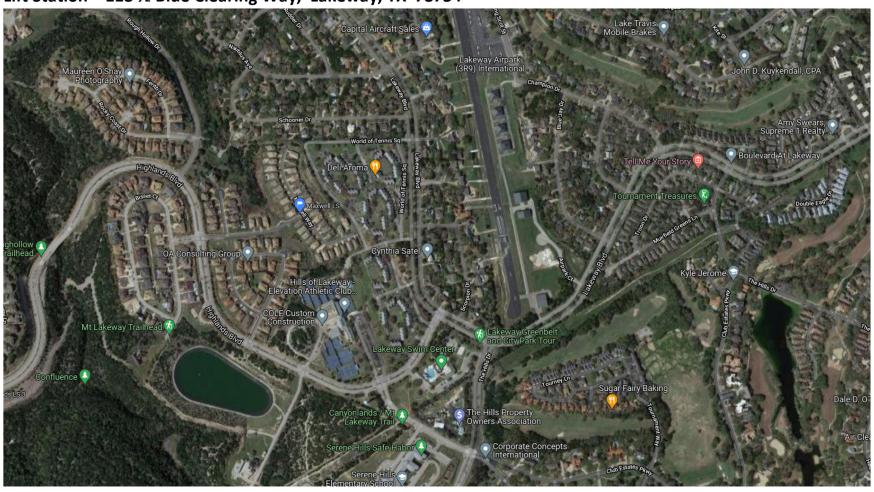
The following files are not convertible:

Spreadsheet.xls

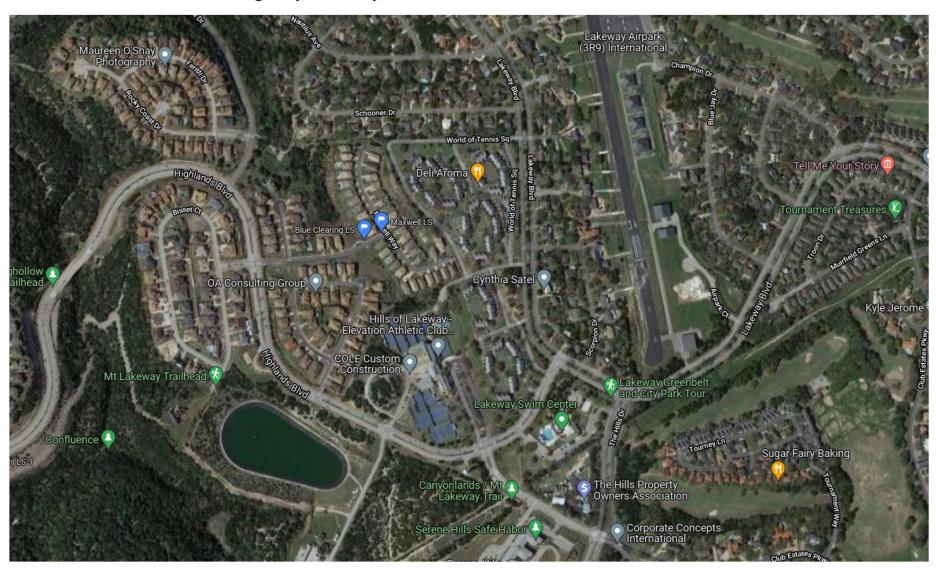
Please see the ZIP file for this Filing on the PUC Interchange in order to access these files.

Contact centralrecords@puc.texas.gov if you have any questions.

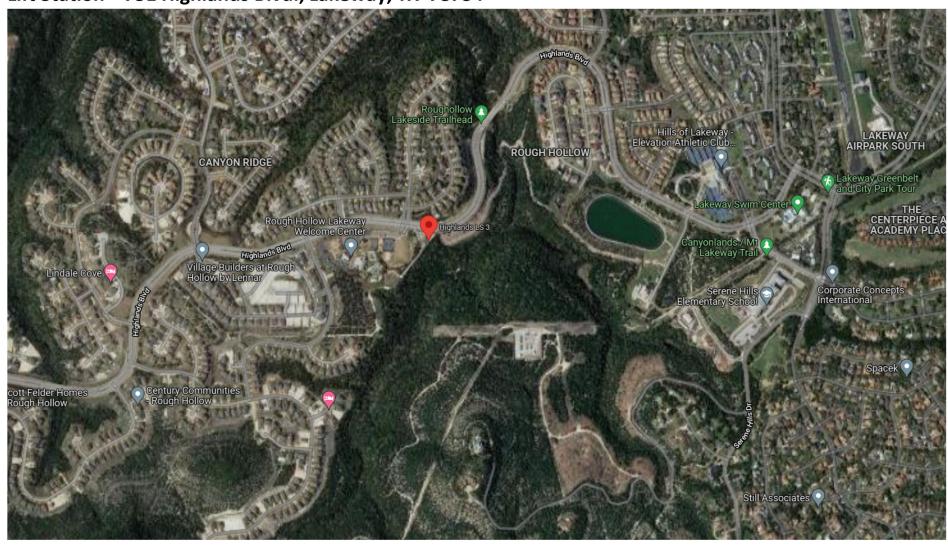
Lift Station 118 ½ Blue Clearing Way, Lakeway, TX 78734



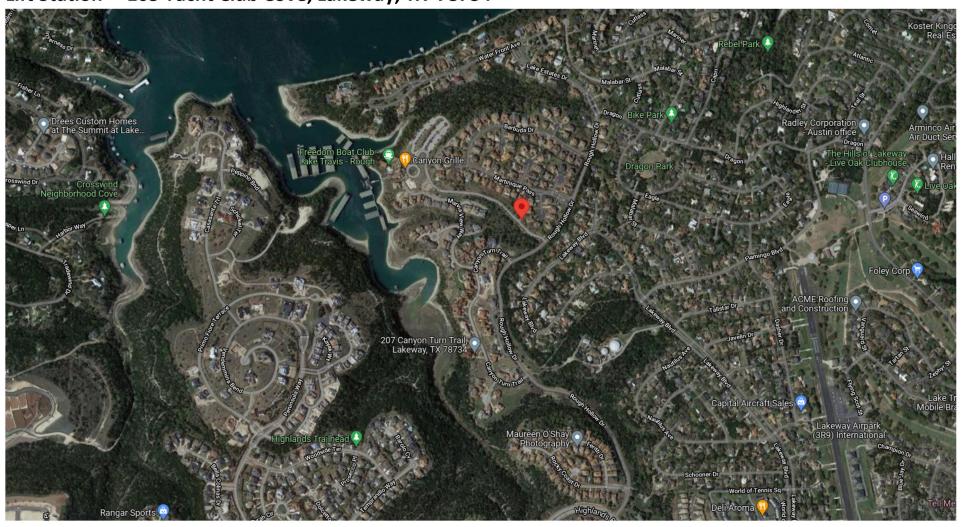
Lift Station 116 ½ Blue Clearing Way, Lakeway, TX 78734



Lift Station 751 Highlands Blvd., Lakeway, TX 78734



Lift Station 105 Yacht Club Cove, Lakeway, TX 78734



Lift Station 412 Marina View, Lakeway, TX 78734

