

Filing Receipt

Received - 2021-08-23 10:53:23 AM Control Number - 52365 ItemNumber - 3

AFFIDAVIT

STATE OF TEXAS	
COUNTY OF TRAVIS	
being duly sworn, file this NOTI CHANGE as OWNEV that is, owner, member of partnership, title as officer of corpora of Utility); that, in such capacity, I am qualified and authorized all statements and matters set forth herein are true and correct.	(indicate relationship to Utility tion, or other authorized representative
I further represent that a copy of the attached notice was provid	ed by mail (method of delivery)
to each customer or other affected party on or about	August 20 , 20 21
(Uti	AFFIANT illity's Authorized Representative)
_Me	NAME OF UTILITY
If the Affiant to this form is any person other than the sole of attorney, a properly verified Power of Attorney must be enclosed.	
SUBSCRIBED AND SWORN TO BEFORE this the 22 day of August, 20 21, to certificate of office.	ify which witness my hand and
TIMOTHY SCOTT BROOKINS Notary ID #132840531 My Commission Expires December 24, 2024	ARY PUBLIC IN AND FOR THE STATE OF TEXAS Ly Scott Brookins TOR TYPE NAME OF NOTARY
MY COMMISSION EXPIRES 17	. 1 241202U

NOTICE OF PROPOSED RATE CHANGE PURSUANT TO TEXAS WATER CODE §§ 13.1871 AND 13.18715

iviedina Highlands		120)43						
Company Name		CCN Number(s)							
has filed a rate change application with the Publimay be reviewed online at interchange.puc.texas utility's office at the address below or at the Comrates will apply to service received after the effection of the Commission receives a sufficient number of ratepayers (10 percent of the utility's custom affected municipality before the 91st day after the Form on the next page for instructions on how	e.gov. You may als mission's office (17 we date provided be of protests, separate ners over whose ra proposed effective	o inspect a copy of the 01 N. Congress Ave, A low, unless modified only or in a combined protest the Commission has	rate change applications, TX 78701). The suspended by the Corotest letter, from at least original jurisdiction) of	tion at your ne proposed ommission. ast [number or from any					
EFFECTIVE DATE OF PROPOSED INC	TREASE: Octo	oher 1, 2021	remet _{s.}						
(must be at least 35 days after notice is provided to (Proposed rates requested by the utility are not final, bills all sums collected during the pendency of the rate	customers and 35 da The Commission may	ys after application is file modify the rates and orde	er a refund or credit agai	nst future					
Reason(s) for Proposed Rate Change:									
Allow the utility to generate enough rev necessary to provide service to the ratep reasonable return on its invested capital	payers and allow	the utility a reason	re reasonable and able opportunity to) earn a					
BILLING COMPARISON Water									
Existing 5,000 gallons: \$ 38.75	/mo Propos	· •		/mo					
Existing 10,000 gallons: \$ 56.25	/mo Propos	ed 10,000 gallons	: \$ 162.80	/mo					
Water - Pass Through Charges									
Existing 5,000 gallons: \$ 0	/mo Propos	ed 5,000 gallons:	\$ 0	/mo					
Existing 10,000 gallons: \$ 0	/mo Propos			/mo					
Medina Highlands (PWS #0100041)									
Subdivision(s	s) or System(s) Affe	ected by Rate Change							
604 W 12 th St. Austin		Texas	78701-1718						
Company Address City		State	Zip						
(512) 917-0072									
Company Phone Number									
\$38,883	0.00		0.00						
Water Annual Revenue Increase Water Pass	s-Through Annual I	Revenue Increase Se	ewer Annual Revenue	Increase					
August 20, 2021	Novem	ber 20, 1996							
Date Current Rate Change Notice Delivered	Date of J	ast Rate Change							

^{*}Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

RATEPAYER COMMENTS/REQUESTS TO INTERVENE

If you wish to PROTEST the proposed rate change, you must submit this form and 10 copies to:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

Unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing, no hearing will be held, and the rates will be effective as proposed.

CUSTOMER INFORMATION (to be completed by customers submitting protests)

First Name:	Last Name:
Phone Number:	Fax Number:
Email Address:	
Address, City, State:	
Location where service is received:(if different from the mailing address)	
Please fill out the following:	
considered evidence in this case; and I have	and that: I am NOT a party to this case; my comments are no e no further obligation to participate in the proceeding. Public the public concerns and identify issues to be explored. Please
party to the case; I am required to respond to attend hearings, and if I file testimony, I in the case, I must provide a copy to every	proceeding. As an INTERVENOR, I understand that: I am a to all discovery requests from other parties; I may be required may be cross-examined in the hearing; if I file any documents other party in the case; and I acknowledge that I am bound by State Office of Administrative Hearings (SOAH).
Signature of Protestant:	
	Date:
Si desea infor	nacion en Espanol, puede llamar al

Hearing- and speech-impaired individuals with text telephones may contact the PUCT's Customer Assistance Hotline

1-888-782-8477

512-936-7136

	NO	TICE O	F PROPOS	ED R	RATE (CHANG	$\mathbf{E} - \mathbf{V}$	VATE	CR			······································	
CURRI	ENT RATES				PROI	POSED R	ATES	3					
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	3/4"	\$		٠.		3/4")		\$	1. 5	3. 3 S	98.60	
	1**	\$				1"			\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	246.50	
	1 1/2"	\$				1 1/2	11		\$			493.00	
	2"	\$				2"			\$	788,80			
	3"	\$				3"			\$:		,479.00	
Other:		\$			Other:	4"			\$: :		,465.00	
	GALLONA	GE CHAI						IAGE (CHAR	~~~~	' 		
TIER	VOLUME		CHARGE po	er	TIER	VOLUM	1E					FE per	
				1000				- \ \		100	0 gals	/1000	
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Her Z	to	gals.		als, 1000	Tier 2	5,000	to 1	0,000	gals.	\$	7.00	gals.	
Tier 3	to	gals.		als.	Tier 3	10,000	to A	Above	gals.	\$	9.00	gals.	
Tier 4				1000	Tier 4		,		. ,	di di		/1000	
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Tier 5	to	gals.		als.	Tier 5		to		gals.	\$		gals.	
	MISCELL	ANEOUS I	EES			MIS	CEL	LANE	OUS F	EES	1 1 1 1 1		
	Tap Fee	\$	45	0.00		Tap Fee		\$	- Maria			800.00	
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N	on-payment					lon-payme			-				
		\$	·	5.00		<u> imum - \$2</u>			1 + 2		11 11 1	25.00	
·	omer's Request	\$	2	5.00		omer's Re					· · · · ·	50.00	
	ransfer Fee	\$		0		Transfer F		\$				35.00	
I	Late Charge	\$	2.00 o	r 5%	Late Charge (Indicate either \$5.00 or 10%)			Y. L.	10%				
Returned Check Charge \$ 15.00		Return	ed Check	Charg	ge \$				30.00				
	Deposit	\$	5	0.00	Deposit \$						50.00		
		^-2+01-101-101000000000000000000000000000				ximum \$5							
M	eter Test Fee	\$	2	25.00		eter Test l		\$				25.00	
					(Max	<u>:imum - \$2</u>	<u> 25.00)</u>) .					

Regulatory Assessment of 1% is added to the minimum monthly charge and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

Seasonal Disconnect: Minimum bill times the number of months disconnected, not to exceed six (6) months or \$590.16

If applicable, list any bill payment assistance programs to low-income ratepayers.

NOTICE OF PROPOSED RATE CHANGE PURSUANT TO TEXAS WATER CODE §§ 13.1871 AND 13.18715

Medina Highlands	12043
Company Name	CCN Number(s)

has filed a rate change application with the Public Utility Commission of Texas (Commission or PUCT). The application may be reviewed online at interchange.puc.texas.gov. You may also inspect a copy of the rate change—application at your utility's office at the address below or at the Commission's office (1701 N. Congress Ave, Austin, TX 78701). The proposed rates will apply to service received after the effective date provided below, unless modified—or suspended by the Commission. If the Commission receives a sufficient number of protests, separately or in a combined protest letter, from at least [number of] ratepayers (10 percent of the utility's customers over whose rates the Commission has original jurisdiction) or from any affected municipality before the 91st day after the proposed—effective date, the matter will be set for hearing. See Protest Form on the next page for instructions on how to protest.

EFFECTIVE DATE OF PROPOSED INCREASE: October 1, 2021

(must be at least 35 days after notice is provided to customers and 35 days after application is filed)

(Proposed rates requested by the utility are not final. The Commission may modify the rates and order a refund or credit against future bills all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest.)

Reason(s) for Proposed Rate Change:

Allow the utility to generate enough revenue to cover those expenses that are reasonable and necessary to provide service to the ratepayers and allow the utility a reasonable opportunity to earn a reasonable return on its invested capital used and useful.

BILLING COMPARISON Water 5,000 gallons: \$ Existing 5,000 gallons: \$ Proposed 162.80 /mo Existing 10,000 gallons: \$ 56.25 /mo 10,000 gallons: \$ **Proposed** Water – Pass Through Charges 5,000 gallons: \$ _____ Existing 5,000 gallons: \$ 0 /mo **Proposed** <u>0</u> /mo 10,000 gallons: \$ 10,000 gallons: \$ Existing **Proposed** Medina Highlands (PWS #0100041) Subdivision(s) or System(s) Affected by Rate Change 604 W 12th St. Austin Texas 78701-1718 Company Address City State Zip (512) 917-0072 Company Phone Number \$38.883 0.00 0.00 Water Pass-Through Annual Revenue Increase Sewer Annual Revenue Increase Water Annual Revenue Increase August 20, 2021 November 20, 1996 Date Current Rate Change Notice Delivered Date of Last Rate Change

^{*}Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

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First Name:	Last Name:
Phone Number:	Fax Number:
Email Address:	
Address, City, State:	
	d:
Please fill out the following:	
considered evidence in this case;	I understand that: I am NOT a party to this case; my comments are not and I have no further obligation to participate in the proceeding. Public UCT of the public concerns and identify issues to be explored. Pleas
party to the case; I am required to attend hearings, and if I file tes in the case, I must provide a copy	NE in this proceeding. As an INTERVENOR, I understand that: I am respond to all discovery requests from other parties; I may be require imony, I may be cross-examined in the hearing; if I file any document to every other party in the case; and I acknowledge that I am bound be and the State Office of Administrative Hearings (SOAH).
Signature of Protestant:	
	Date:
Si	esca informacion en Espanol, puede llamar al

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512-936-7136

	N(OTICE O	F P	ROP	OSED F	RATE (CHANG	}Е -	- WATE	ER			
CURR	ENT RATES					PRO	POSED I	RAT	EŚ				
Minimum	Monthly Charge inc	ludes	,	2500	gallons	Minimu	m Monthly	Char	ge includes	.		0 9	gallons
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RESIDE	ENTIAL					RESID	ENTIA	L					
	5/8"	\$			30,00		5/8	"		\$			98.60
	3/4"	\$					3/4			\$			98.60
	1"	\$					1"			\$			246.50
	1 1/2"	\$					1 1/2			\$			493.00
	2"	\$					2"			\$			788,80
	3"	\$					3"			\$		1	,479.00
Other:		\$				Other:	4"			\$		2	,465.00
	GALLONA	GE CHAI)NAGE (CHAR			
TIER	VOLUME			HARG 00 gals.	E per	TIER	VOLU	ME			1	HARC 00 gals.	SE per
Tier 1	2500 to Al	pove gals.	\$	3.50	/1000 gals.	Tier 1	0	to	5,000	gals.	\$	5.84	/1000 gals.
Tier 2	to	gals.	\$		/1000 gals.	Tier 2	5,000	to	10,000	gals.	\$	7.00	/1000 gals.
Tier 3	to	gals.	\$		/1000 gals.	Tier 3	10,000	to	Above	gals.	\$	9.00	/1000 gals.
Tier 4	to	gals.	\$		/1000 gals.	Tier 4		to		gals.	\$		/1000 gals.
Tier 5	to	gals.	\$		/1000 gals.	Tier 5		to		gals.	\$		/1000 gals.
	MISCELLA	ANEOUS I	EE	S		MISCELLANEOUS FEES							
	Tap Fee	\$			450.00		Tap Fee	e	-\$				800.00
	econnect Fee: Non-payment						Reconnect Fee: Non-payment						
	r	\$			25.00		kimum - S		00) \$				25.00
Cust	omer's Request	\$			25.00		omer's R						50.00
	Transfer Fee	\$			0		Transfer I		\$				35.00
I	Late Charge	\$		2.0	00 or 5%	Late Charge (Indicate either \$5.00 or 10%)						10%	
Returned Check Charge \$ 15.00			ed Checl						30.00				
		50.00	Deposit \$				50.00						
	1	*				(Ma	ximum \$						
Meter Test Fee \$ 25.00				M	leter Test kimum - S	Fee	\$				25.00		

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