

Control Number: 54565



Item Number: 1037

## **PUC DOCKET NO. 54565**

## RATEPAYER COMMENTS/REQUESTS TO INTERPENE VED

If you wish to PROTEST the proposed rate change, you must complete this formand file it electronically using the PUC Interchange Filer (<a href="http://www.puc.texas.gov/industry/filings/E-FilingInstructions.pdf">http://www.puc.texas.gov/industry/filings/E-FilingInstructions.pdf</a>) or mail the original to:

PUBLIC UTILITY COMMISSION

FILING CLERK

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

No hearing will be held and the rates will be effective as proposed <u>unless</u> protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing.

CUSTOMER INFORMATION (please provide all of the requested information)
First Name: Jimes Last Name: Rowe
Phone Number: 832-868- 9907 Fax Number:
Email Address: <u>Coastal Views 44 a g mail</u> . Com
Address, City, State: 120 Perch Lane Rockport, TX 7838
Email Address: <u>Coastal Views 440 g mail</u> . Com Address, City, State: <u>120 Perch Lane</u> Rockport TX 7838. Location where service is received: <u>120 Perch Lane</u> Rockport TXV (if different from the mailing address)
Please select the applicable:
Lyish to PROTEST the following proposed rate action/s:  Wish to be a COMMENTER. I understand that: I am NOT a party to this case; my comments are not considered evidence in this case; and I have no further obligation to participate in the proceeding. Public comments may help inform the PUCT of the public concerns and identify issues to be explored. Please provide comments below. Attach a separate page, if necessary.
☐ I am requesting to INTERVENE in this proceeding. As an INTERVENOR, I understand that: I am a party to the case; I am required to respond to all discovery requests from other parties; I may be required to attend hearings, and if I file testimony, I may be cross-examined in the hearing; if I file any documents in the case, I must provide a copy to every other party in the case; and I acknowledge that I am bound by the Procedural Rules of the PUCT and the State Office of Administrative Hearings (SOAH).
Signature of Ratepayer:  Date: $\frac{2}{15}/23$
Si desea informacion en Espanol, puede llamar al 1-888-782-8477

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

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