



Filing Receipt

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PUC DOCKET NO. 54565

RATEPAYER COMMENTS/REQUESTS TO INTERVENE

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

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 unless 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: Richard Last Name: Garland

Phone Number: 832-806-1938 Fax Number: _____

Email Address: rigarland14@gmail.com

Address, City, State: P.O. Box 804 Fulton, TX 78358

Location where service is received: #3 Bayberry Circle, Rockport, TX 78382
(if different from the mailing address)

Please select the applicable :

I wish to PROTEST the following proposed rate action/s:

☒ I 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 understand the need for a increase, but not the amount requested
I have no sewer service. Water only

☐ 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:

Richard Garland

Date: 3-1-23

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
at

512-936-7136

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CUSTOMER INFORMATION (please provide all of the requested information)

First Name: Richard Last Name: Garland

Phone Number: 832-306-1938 Fax Number: _____

Email Address: Richard14@gmail.com

Address, City, State: P.O. Box 804 Fulton TX 78358

Location where service is received: #4 Bayberry Circle Rockport, TX 78382
(if different from the mailing address)

Please select the applicable :

I wish to PROTEST the following proposed rate action/s:

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I understand the need for a Increase, but not the Amount Requested
I HAVE NO Sewer Service. WATER Only

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CUSTOMER INFORMATION (please provide all of the requested information)

First Name: Richard Last Name: Garland

Phone Number: 832-306-1938 Fax Number:

Email Address: RLGarland14@gmail.com

Address, City, State: - P.O. Box 804 Fulton, TX 78358

Location where service is received: 110 Front Street, Rockport, TX 78382
(if different from the mailing address)

Please select the applicable :

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