

Control Number: 54565



Item Number: 1681

PUC DOCKET NO. 54565

RECEIVED

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-Filing instructions 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-Filing instructions) with 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 <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: Anthony Last Name: Gentry

Phone Number: 210 365-4227 Fax Number: Email Address: <u>Ap6 & Yahoo Com</u>

Address, City, State: <u>8500 SE 16th Tev Ocala H.34480</u>

Location where service is received: <u>59 Majestic Way S.A. TX.</u> 78257 (if different from the mailing address) (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 am requesting to INTERVENE in this proceeding. As an INTERVENOR,) 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: <u>2-25-202</u> ³ , 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

512-936-7136

| NOTICE OF PROPOSED RATE CHANGE – SEWER | | | | | | | |
|--|--------------|---------|----------|--|----------|-----------|---------|
| CURRENT RATES | | | | PROPOSED RATES | | | |
| Minimum Monthly Charge includes 1500 gallons | | | ns Min | imum Monthly Charge inc | ludes N/ | /A | gallons |
| Meter Size: | | | | Meter Size: | | | |
| RESIDENTIAL | | | RE | SIDENTIAL | | | |
| 5/8" | \$ | 11.93 | | 5/8" | \$ | 66.65 | |
| 3/4" | \$ | 11.93 | | 3/4" | \$ | | |
| 1" | \$ | | | 1" | \$ | | |
| 1 1/2" | \$ | | | 1 1/2" | \$ | | |
| 2" | \$ | | | 2" | \$ | | |
| 3" | \$ | | | 3" | \$ | 1.3 | 390 |
| Other: | \$ | | Oth | er: Flat Rate (A | All) \$ | 66.65 | |
| GALLONAGE OR FIXED CHARGE: | | | | GALLONAGE OR FIXED CHARGE: | | | |
| for each additional 1,000 gallons over the minimum. Gallonage charges are determined based on average consumption for winter period which includes the following months All | | | | for each additional 1000 gallons over the minimum. Gallonage charges are determined based on average consumption for winter period which includes the following months | | | |
| MISCELLANEOUS FEES | | | | MISCELLA | | | |
| Tap Fee | \$ 40 | .00 | | Tap F | \$ A | ctual Cos | t |
| Reconnect Fee: Non-payment | \$ 25 | .00 | | Reconnect Fee: Non-payment Maximum \$25.00) | \$ 25 | 500 | |
| Customer's Request | | .00 | | Customer's Request / | | .00 | |
| Transfer Fee | | percent | , | Transfer Fee | | 0.00 | |
| Late Charge | | .00 | | ate Charge (Indicate ther \$5.00 or 10%) | | percent | |
| Returned Check Charge | \$ 25 | .00 | | turned Check Charge | \$ 25 | .00 | |
| Deposit | \$ 0.0 | | | Deposit (Maximum \$50.00) | | 0.00 | |
| Meter Test Fee | \$ N/ | A | | Meter Test Fee Maximum - \$25.00) | \$ N/ | 'A | |

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.

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