

Filing Receipt

Received - 2023-03-03 01:28:53 PM Control Number - 54565

ItemNumber - 1704

# Coffin | Renner

March 3, 2023

Public Utility Commission of Texas 1701 N. Congress Avenue Austin, Texas 78701

Re: Docket No. 54565; Application of CSWR-Texas Utility Operating Company, LLC For Authority to Change Rates

To Whom It May Concern:

CSWR-Texas Utility Operating Company, LLC ("CSWR-Texas") received the attached and below listed Ratepayer Comments at its business address in Missouri:

- 1. Amber Scott
- 2. Steven J. Driver
- 3. Constance Thompson
- 4. Charlene Mestas

In order to ensure receipt by the Commission, CSWR-Texas submits the attached Ratepayer Comments and requests that they be filed in this docket.

Respectfully,

Evan Johnson

Attorney for CSWR-Texas Utility Operating

Company, LLC

cc: All Parties of Record

# 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 (<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:

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: Amber Last Name: Scott                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Phone Number: 34-412-4124 Fax Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Email Address: Omber. garner (a) yahoo . Com                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Address, City, State: 414 ruman Victoria, TX 77905                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Location where service is received:  (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, 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: 2/22/23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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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CUSTOMER INFORMATION (please provide all of the requested information)

First Name: STEVEN J. Last Name: DRIVER Phone Number: 281-540-0005 Fax Number: Email Address: Address, City, State: 21514 Lee Rd Humble TX 77338 Location where service is received: <u>Same</u> (if different from the mailing address) Please select the applicable: I wish 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: 3-23-2023

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512-936-7136

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CUSTOMER INFORMATION (please provide all of the requested information) Constance Last Name: Thompson Phone Number: 830 - 251 - 1898 Fax Number: Address, City, State: Location where service is received: (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, 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: Si desea informacion en Espanol, puede llamar al

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CUSTOMER INFORMATION (please provide all of the requested information)

First Name: (1)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone Number: 830-992-8449 Fax Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Address, City, State: 476 Chaparral Dr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Location where service is received: (if different from the mailing address)                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Please select the applicable:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Signature of Ratepayer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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