

Control Number: 54565



Item Number: 1932

## RATEPAYER COMMENTS/REQUESTS TO INTERVENEMAR -8 AM !!: 02

PUBLIC UTILITY.COMMISSION
If you wish to PROTEST the proposed rate change, you must complete this form and file it eleging distributions are using the PUC Interchange Filer (http://www.puc.texas.gov/industry/filings/L-1/direginstructions.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 <u>unless</u> protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing.

Grea Last Name: OvElAND

CUSTOMER INFORMATION (please provide all of the requested information)

Phone Number: 110-360-5045 Fax Number: NA

Email Address: GOVELAND SATX, Tr. Com

Address, City, State: SAJ ANTON: 0 TEXAS 78257	
Address, City, State: SAJ ANTON: O TEXAS 78757  Location where service is received: 17 Morning Green  (if different from the mailing address)	
Please select the applicable :	
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 do not receive my water as provide comments below. Attach a separate page, if necessary. I do not receive my water as provided to the proposed Commany. The first have sever the first page in the first page. The first page is not consisted that the proceeding is not consisted to the first page. I have received been assessed by other service providers.    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 Raterator:	10

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

Si desea informacion en Espanol, puede llamar al 1-888-782-8477