Control Number: 54565

Item Number: 2002

PUC DOCKET NO. 54565

RATEPAYER COMMENTS/REQUESTS TO INTERVENEIVED

If you wish to PROTEST the proposed rate change, you must complete this form and file if electronically using the PUC Interchange Filer (<u>http://www.puc.texas.gov/industry/filings/E-FilingInstructions.pdf</u>) 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: KYMPER	Last Name: COTER-NOWICKI
Phone Number: 720-670-9522	Fax Number:
Email Address: <u><u>R</u>KYMPER <u>C</u>M</u>	SIN. COM
Address, City, State: 218 GRANADA	CALLE ST, GRANBURY TX 76049
Location where service is received: <u>LAGUNA TRES</u> - ABOVE 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, 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: <u>3.]. 2.3</u>

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

ZCOT