



Control Number: 54565



Item Number: 571

## 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

RECEIVED  
2023 FEB 14 AM 11:30  
PUBLIC UTILITY COMMISSION  
FILING CLERK

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: ANDY Last Name: SNOW

Phone Number: 817-542-5541 Fax Number: \_\_\_\_\_

Email Address: ASNOW38@GMAIL.COM

Address, City, State: 3883 LCR 750, THORNTON TX 76687

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.

~~SEE ATTACHED~~ - 157% INCREASE IS TOO MUCH FOR ONGOING INCREASE.  
WE SHOULD GET AN INCREASE IN SERVICE AT THE LEAST.

WE NEED SOMETHING IN RETURN FOR THE INCREASED CHARGES - THIS'S TOO  
☐ 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:

[Signature] Date: \_\_\_\_\_

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

500245  
NO CHANGE IN STATUS quo.

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