



Filing Receipt

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NOTICE OF PROPOSED RATE CHANGE
TO BE PROVIDED TO RATEPAYERS
PURSUANT TO
TEXAS WATER CODE § 13.187

AFFIDAVIT

STATE OF TEXAS

COUNTY OF _____

I, _____ being duly sworn, file this **NOTICE OF PROPOSED RATE
CHANGE**

as _____ (indicate relationship to Utility
that is, owner, member of partnership, title as officer of corporation, or other authorized
representative of Utility); that, in such capacity, I am qualified and authorized to file and verify such
notice; and that all statements and matters set forth herein are true and correct.

I further represent that a copy of the attached notice was provided by _____
(method of delivery)

to each affected customer, each affected municipality, the Office of Public Utility Counsel, and any
other affected party on or about _____, 20 _____

AFFIANT

(Utility's Authorized Representative)

NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE

this the _____ day of _____, 20 _____, to certify which witness my hand and
seal of office.

SEAL

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES

**NOTICE OF PROPOSED RATE CHANGE
PURSUANT TO
TEXAS WATER CODE § 13.187**

Company Name_____
CCN Number(s)

has filed a rate change application with the Public Utility Commission of Texas (Commission or PUCT). The application may be reviewed online at interchange.puc.texas.gov. You may also inspect a copy of the rate change application at your utility's office at the address below or at the Commission's office (1701 N. Congress Ave, Austin, TX 78701). The proposed rates will apply to service received after the effective date provided below, unless modified or suspended by the Commission. If the Commission receives a sufficient number of protests, separately or in a combined protest letter, from at least ☐ ratepayers (10 percent of the utility's customers over whose rates the Commission has original jurisdiction) or from any affected municipality before the 91st day after the proposed effective date, the matter will be set for hearing. **See Protest Form on the next page for instructions on how to protest.**

EFFECTIVE DATE OF PROPOSED INCREASE: _____

(must be at least 35 days after notice is provided to customers and 35 days after application is filed)

(Proposed rates requested by the utility are not final. The Commission may modify the rates and order a refund or credit against future bills all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest.)

Reason(s) for Proposed Rate Change:**BILLING COMPARISON****Water**

Existing 5,000 gallons: \$ _____ /mo	Proposed 5,000 gallons: \$ _____ /mo
Existing 10,000 gallons: \$ _____ /mo	Proposed 10,000 gallons: \$ _____ /mo

Water – Pass Through Charges

Existing 5,000 gallons: \$ _____ /mo	Proposed 5,000 gallons: \$ _____ /mo
Existing 10,000 gallons: \$ _____ /mo	Proposed 10,000 gallons: \$ _____ /mo

Sewer

Existing 5,000 gallons: \$ _____ /mo	Proposed 5,000 gallons: \$ _____ /mo
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Subdivision(s) or System(s) Affected by Rate Change_____
Company Address_____
City_____
State_____
Zip_____
Company Phone Number

Updated: September 29, 2021

Water Annual Revenue Increase Water Pass-Through Annual Revenue Increase Sewer Annual Revenue Increase

Date Current Rate Change Notice Delivered

Date of Last Rate Change

*Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

PUC DOCKET NO. 54565 _____

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**

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: Darrell Last Name: Jones

Phone Number: 713-594-0121 Fax Number: _____

Email Address: darrelljones1929@yahoo.com

Address, City, State: P.O. Box 381 Fulton t.x

Location where service is received: 131 lakeview rd rockport t.x
(if different from the mailing address)

Please fill out the following:

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:

Darrell Jones

Date: 02/15/2023

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

NOTICE OF PROPOSED RATE CHANGE – WATER						
CURRENT RATES			PROPOSED RATES			
Minimum Monthly Charge includes			Minimum Monthly Charge includes			
Meter Size:			Meter Size:			
RESIDENTIAL			RESIDENTIAL			
5/8"			5/8"			
3/4"			3/4"			
1"			1"			
1 1/2"			1 1/2"			
2"			2"			
3"			3"			
Other			Other:			
GALLONAGE CHARGE:			GALLONAGE CHARGE:			
TIER	VOLUME	CHARGE per 1000 gals.	TIER	VOLUME	CHARGE per 1000 gals.	
Tier 1	to gals.	\$ /1000 gals.	Tier 1	to gals.	\$ /1000 gals.	
Tier 2	to gals.	\$ /1000 gals.	Tier 2	to gals.	\$ /1000 gals.	
Tier 3	to gals.	\$ /1000 gals.	Tier 3	to gals.	\$ /1000 gals.	

Tier 4	to	gals .	\$	/1000 gals.	Tier 4	to	gals.	\$	/1000 gals.
Tier 5	to	gals .	\$	/1000 gals.	Tier 5	to	gals.	\$	/1000 gals.
MISCELLANEOUS FEES					MISCELLANEOUS FEES				
Tap Fee				\$	Tap Fee				\$
Reconnect Fee: Non-payment				\$	Reconnect Fee: Non-payment (Maximum - \$25.00)				\$
Customer's Request				\$	Customer's Request				\$
Transfer Fee				\$	Transfer Fee				\$
Late Charge				\$	Late Charge (Indicate either \$5.00 or 10%)				\$
Returned Check Charge				\$	Returned Check Charge				\$
Deposit				\$	Deposit (Maximum \$50.00)				\$
Meter Test Fee				\$	Meter Test Fee (Maximum - \$25.00)				\$

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.

NOTICE OF PROPOSED RATE CHANGE – SEWER			
CURRENT RATES		PROPOSED RATES	
Minimum Monthly Charge includes	gallons	Minimum Monthly Charge includes	gallons
Meter Size:		Meter Size:	
RESIDENTIAL		RESIDENTIAL	
5/8"	\$	5/8"	\$
3/4"	\$	3/4"	\$
1"	\$	1"	\$
1 1/2"	\$	1 1/2"	\$
2"	\$	2"	\$
3"	\$	3"	\$
Other	\$	Other:	\$
:			
GALLONAGE OR FIXED CHARGE:		GALLONAGE OR FIXED CHARGE:	
\$ _____ per <input type="checkbox"/> month; OR <input type="checkbox"/> 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 _____		\$ _____ per <input type="checkbox"/> month; OR <input type="checkbox"/> 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 _____	
MISCELLANEOUS FEES		MISCELLANEOUS FEES	
Tap Fee	\$	Tap Fee	\$
Reconnect Fee: Non-payment	\$	Reconnect Fee: Non-payment (Maximum - \$25.00)	\$
Customer's Request	\$	Customer's Request	\$
Transfer Fee	\$	Transfer Fee	\$

Late Charge	\$	Late Charge (Indicate either \$5.00 or 10%)	\$
Returned Check Charge	\$	Returned Check Charge	\$
Deposit	\$	Deposit (Maximum \$50.00)	\$
Meter Test Fee	\$	Meter Test Fee (Maximum - \$25.00)	\$

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.