

Filing Receipt

Received - 2023-02-15 02:54:27 PM Control Number - 54565 ItemNumber - 718

## **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 (<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: Michael I                                                                                                                                         |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Phone Number: 919-236-22 42 I                                                                                                                                 | Fax Number:                                                                                                                                                                                                                    |
| Email Address: WAT                                                                                                                                            | SONSWEENY EWINGSTROOM. NO                                                                                                                                                                                                      |
| Address, City, State: 142 TARPON 30                                                                                                                           | tive PALACIOS TX 77465                                                                                                                                                                                                         |
| Location where service is received: (if different from the mailing address)                                                                                   |                                                                                                                                                                                                                                |
| Please select the applicable:                                                                                                                                 |                                                                                                                                                                                                                                |
| considered evidence in this case; and I have no fur                                                                                                           | at: I am NOT a party to this case; my comments are not orther obligation to participate in the proceeding. Public olic concerns and identify issues to be explored. Please, if necessary.                                      |
| am a party to the case; I am required to respond<br>required to attend hearings, and if I file testimony<br>documents in the case, I must provide a copy to e | to all discovery requests from other parties; I may be y, I may be cross-examined in the hearing; if I file any every other party in the case; and I acknowledge that I ad the State Office of Administrative Hearings (SOAH). |
| Signature of Ratepayer:                                                                                                                                       | Date: 2-14-23                                                                                                                                                                                                                  |
|                                                                                                                                                               | en Espanol nuede llemar al                                                                                                                                                                                                     |

1-888-782-8477

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