

Control Number: 56354



Item Number: 3490

RECEIVED

PUC DOCKET NO. 56354 RATEPAYER COMMENTS/REQUESTS TO INTERVENES FED 12 - Mil 9: 51

If you wish to PROTEST the proposed rate change, you must complete this form and file it electronically its sion 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 <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: Dick Last Name: Ducker
Phone Number: 817-346-3466 Fax Number:
Email Address: dian 64@ SBCGLOBAL Net
Address, City, State: 3/2 OAK Ridge Drive Burkeson Texas 76028
Location where service is received: (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: Lon Lon Date: 7 Feb 24

Si desca 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

3490

N	OTICE OF PROPOSEI	D RATE CHANGE – S	SEWER
CURRENT RATES		PROPOSED RATES	
Minimum Monthly Cl	harge		
includes	gallons	Minimum Monthly Charge incl	udes gallons
Meter Size:		Meter Size:	
RESIDENTIAL		RESIDENTIAL	
5/8"	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5/8"	\$
3/4"	\$	3/4"	\$ 7 3 4 4 4 4 4 4 4
1"	\$	1"	\$
1 1/2"	\$ 90 - 90 - 90 - 90 - 90 - 90 - 90 - 90	1 1/2"	\$
2"	\$	2"	\$
3"	\$	3"	\$
Other:	! \$	Other:	\$
GALLONAGE OR FIXED CHARGE:		GALLONAGE OR FIXED CHARGE:	
\$ 110.00 per		\$ 148.03 per	
month; OR		month; OR	
•			
☐ for each additional 1	1,000 gallons over the	for each additional 1,000 gallons over the	
includes the following mo	onths	the following months	<u>.</u> <u>i</u>
PERCONT	NEOLIC TRACE	MISCRELL	ANDONG PERS
	NEOUS FEES		ANEOUS FEES
Tap Fee	\$ 865,00	Tap Fee	\$ 865.00
Reconnect Fee: Non-payment		Reconnect Fee: Non-payment	
•	\$ 25.00	(Maximum - \$25.00)	\$ 25,00
Customer's Request	\$ 50.00	Customer's Request	\$ 50.00
After hours	50.00	After hours reconnection	\$ 50.00
reconnection			
Transfer Fee	\$ 65.00	Transfer Fee	\$ 65.00
Late Charge	\$ 5.00 or 10% (higher of)	Late Charge	\$ 5,00 or 10% (higher of)
Returned Check Charge	\$ 30.00	Returned Check Charge	\$ 30.00
Deposit Deposit	\$ 50.00	Deposit (Maximum \$50.00)	\$ 50.00
Meter Test Fee	\$ N/A	Meter Test Fee (Maximum - \$25.00)	\$ N/A
<u> </u>		(MANAGEM - PENOO)	

Regulatory Assessment of 1% is added to the minimum monthly charge and gallonage charges. If applicable, list any bill payment assistance programs to low income ratepayers.