

Control Number: 57386

Item Number: 1368

PUC DOCKET NO. 57386

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

PUBLIC UTILITY COMMISSION OF TEXAS

JAN 2 4 2025

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: Ron Last Name: Wood

Phone Number: 830-285-0140 Fax Number: N/A
Email Address: con. madge a gmail. com
Address, City, State: 713 Saddle Club Dr. Kerrville, Texas 18028
Location where service is received: Some (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.
The amount ginerease is elessive and we have no alternative provides. Our community is mothly fixed
☐ I am requesting to INTERVENE in this proceeding. As an INTERVENOR, I understand that: I have 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: January 19, 2025

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

Si desea informacion en Espanol, puede llamar al

512-936-7136

Updated: September 29, 2021

1368

			NOT	TICE ()F	PRO	POSED	RATE	CF	IAN	GE	– WA	TER				
CUR	RENT	RAT	ES					PRO	POS	ED R	AT	ES					
Minimu	m Month	arge incl	udes 0		gallons	Minimum Monthly Charge includes 0								gallons			
Meter	Size:							Meter				<i>-</i>					
RESIL	DENTL							RESIL	DEN								
5/8"				\$ 49.89				5/8"					\$	71.2			
	3/4"				\$ 49.89			3/4"					\$	71.2			
1"					\$ 109.99			1"					\$	159			
1 1/2"				\$ 219.99				1 1/2"					\$	319			
2"				<u>S</u>	_	51.99		2"				\$	510				
0.1	3"			\$ 351.99				3"				\$	957				
Other:	Other: Unmeter			\$ \$81.09				Other:		Un	Unmetered, 6"		\$		The second second	191.40	
GALLONAGE CHARGE:								GALLONAG				NI CT	CEL		pectiv	ely	
TIED				E CHA	_		7.87	TIED	* 7.4			DNAGE	CHA	_		C.F.	
TIER	VOL	UME			CHARGE per 1000 gals.			TIER	V	OLUN	AE.			CHARGE per 1000 gals.			
		1					/1000							11411		/1000	
Tier 1	0	to	All	gals.	\$	5.2	gals.	Tier 1	0		to	All	gals	. \$	8.64	gals.	
Tier 2		to		gals.	\$		/1000 gals.	Tier 2			to		gals	\$		/1000 gals.	
		10		Buisi	-		/1000			1000	10		Buis	- 4		/1000	
Tier 3		to		gals.	\$	1 1	gals.	Tier 3			to	11 5 1 1	gals	\$		gals.	
Tier 4				1			/1000	Tion 4			17.87573					/1000	
Her 4		to		gals.	\$		gals. /1000	Tier 4			to		gals	. \$	-	gals. /1000	
Tier 5		to		gals.	\$		gals.	Tier 5		2.7	to	97	gals	\$		gals.	
			//														
225	MISCELLANEOUS FEES								MISCELLANEOUS FEES								
Tap Fee \$ Actual Cost										p Fee		5	S Ac	tual	Cost		
Reconnect Fee:							Reconnect Fee:										
Non-payment							Non-payment					0.00					
\$ \$25.00 Customer's Request \$ \$25.00							(Maximum - \$25.00)				_						
		\$ \$25.00				Customer's Request Transfer Fee					25						
Transfer Fee				\$ \$10.00 \$ 10%				Late Charge (Indicate					10			_	
Late Charge				3 1076				either \$5.00 or 10%)					10	70			
Returned Check Charge				\$ \$25.00				Returned Check Charge				arge 5	25				
Deposit			\$ \$50.00				Deposit				5	50					
							(Maximum \$50.00)				0)						
Meter Test Fee				\$ \$25.00				Meter Test Fee (Maximum - \$25.00)				(0)	25				
								(ivia)	THIL	p							

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.

Updated: September 29, 2021