

Control Number: 57386



Item Number: 323

## 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 (<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)

SonyA Last Name: Phone Number: 512 563 1038 Fax Number: Email Address: SDHOWARD 109 GRANADA SAME AS 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

> Si desea informacion en Espanol, puede llamar al 1-888-782-8477

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).

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

512-936-7136

Updated: September 29, 2021

Signature of Ratepayer

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CUR	RENT	ES	PROPOSED RATES														
Minimu	m Month	arge incl	Minimum Monthly Charge includes 0								gallons						
Meter 5	Size:						gallons	Meter	Siz	ze:							
RESIL	ENTL					0.00		RESIL	ЭE								
5/8"				\$ 49.89				5/8"						\$	71.2		
3/4"				\$ 49.89				3/4"						\$	71.2		
1"				\$ 109.99 \$ 219.99										\$	159		
1 1/2"					_			1 1/2"						\$	319		
2" 3"					_	51.99		3"						\$ \$	510 957		
				\$ 351.99 \$ \$81.09				Other: Unmetered,			anad 6	"	\$	100,110	11.1	101.40	
Other: Unmetered				\$ \$81.09				Other: Unmetere			erea, o		2		pectiv	,191.40 elv	
	G	ALL	ONAC	GE CHA	R	GE:				GA	LLC	ONAG	E (	CHA			
TIER	VOL	UME	}	CHARGE per 1000 gals.			TIER	VOLUME					CHARGE p 1000 gals.				
Tier 1	0	to	All	gals.	\$	5.2	/1000 gals.	Tier 1	0		to	All	d	gals.	\$	8.64	/1000 gals.
Tier 2		to		gals.	s	3 5	/1000 gals.	Tier 2			to			gals.	\$	H	/1000 gals.
Tier 3		to		gals.	\$		/1000 gals.	Tier 3		17.4	to			gals.	\$		/1000 gals.
Tier 4		to	12	gals.	\$		/1000 gals.	Tier 4	R	1 ×	to	1.		gals.	\$		/1000 gals.
Tier 5		to	LI, E	gals.	\$	f	/1000 gals.	Tier 5		4 4	to	V.		gals.	\$		/1000 gals.
V 100	M	ISCI	ELLA	NEOUS	FF	EES			10	MI	SCE	LLAN	E	ous i	FEE	S	1.5
Tap Fee				\$ Actual Cost				Tap Fee					\$ Actual Cost				
Reconnect Fee: Non-payment								Reconnect Fee: Non-payment									
C				\$ \$25.00									\$				
Customer's Request				\$ \$25.00				Customer's Request				est	\$	25			
	Transfer Fee				\$ \$10.00				Transfer Fee				\$	10			
Late Charge				\$ 10%				Late Charge (Indicate either \$5.00 or 10%)				%)	\$	10%	0		-,170
Return	harge	\$ \$25.00				Returned Check Charge					\$	25					
Deposit				\$ \$	00	Deposit (Maximum \$50.00)				0)	\$	50					
Meter Test Fee			\$ \$	00	Meter Test Fee					\$	25						

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.

(Maximum - \$25.00)

If applicable, list any bill payment assistance programs to low income ratepayers.