

Control Number: 57386



Item Number: 877

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

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.

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CUSTOMER INFORMATION (please provide all of the requested information)

Cl

First Name: Starr	Last Name: Michels
Phone Number: 972 271 9777	Fax Number: —
Email Address: Starr Crystal & Address, City, State: Pol lima St.	Vichds Egmail-com
Address, City, State: Rol lima St.	Dallas, TX 75232
Location where service is received:(if different from the mailing address)	*
Please fill out the following:	
considered evidence in this case; and I hat comments may help inform the PUCT of provide comments below. Attach a separa	stand that: I am NOT a party to this case; my comments are not we no further obligation to participate in the proceeding. Public f the public concerns and identify issues to be explored. Please ate page, if necessary.
This is too much of an in	neverse, it is very 3x the ratebook
☐ I am requesting to INTERVENE in am a party to the case; I am required to required to attend hearings, and if I file to documents in the case, I must provide a	n this proceeding. As an INTERVENOR, I understand that: I respond to all discovery requests from other parties; I may be estimony, I may be cross-examined in the hearing; if I file any copy to every other party in the case; and I acknowledge that I PUCT and the State Office of Administrative Hearings (SOAH).
Signature of Rayepayer:	Date: 01-13-25
Si desea info	ormacion 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

512-936-7136

Updated: September 29, 2021

877

			NO	TICE ()F	PRO	POSED	RATE	CH	IANG	E – W	AT	ER			
CUR	RENT	RAT	ES					PRO	POS	ED RA	TES					
Minimu	Minimum Monthly Charge includes 0					0		2	gallons							
Meter S	Size:						gallons	Meter RESII	Size:						•	
5/8" \$ 21							5/8" \$						71.25			
3/4"			\$	2	21		3/4"					\$	71.2	25		
1"			\$	2	21.47		1"					\$	159	.57	- 0	
1 1/2"				\$	4	15.82		1 1/2" \$						319.14		
2"				\$	6	57.93		2" \$					\$	510.62		
	3"				6	57.93		3"					\$	957	.42	
Other: N/A				\$	1	N/A		Other: Unmetered,			6"	\$	123.08; 3,191.40 Respectively			
	G	ALL	ONAC	GE CHA	R	GE:				GAL	LONA	GE (CHA			
TIER		VOLUME			CHARGE per 1000 gals.			TIER	LUM					CHARGE per 1000 gals.		
Tier 1	0	to	All	gals.	\$		/1000 gals.	Tier 1	0	to	All		gals.	s	8.64	/1000 gals.
Tier 2		to		gals.	\$		/1000 gals. /1000	Tier 2		te)		gals.	\$		/1000 gals. /1000
Tier 3		to		gals.	\$		gals. /1000	Tier 3		te)		gals.	\$		gals. /1000
Tier 4		to		gals.	\$		gals.	Tier 4		to	,		gals.	\$		gals.
Tier 5		to		gals.	\$	2 1	/1000 gals.	Tier 5		to			gals.	\$		/1000 gals.
	M	IISCI	ELLA	NEOUS	FF	EES			100	MISC	ELLA	NEC	ous I	FEE	S	
					500	.00		Tap Fee				\$	Act	tual	Cost	
Reconnect Fee: Non-payment						Reconnect Fee: Non-payment										
				25.0			(Maximum - \$25.00)				\$	25				
Customer's Request \$ \$0.00						Customer's Request				\$	25					
								Transfer Fee				\$	10			
Late Charge				\$ 10	\$ 10%			Late Charge (Indicate either \$5.00 or 10%)				\$	109	6		
								Returned Check Charge				\$	25			
Deposit			\$ \$50.00				Deposit (Maximum \$50.00)				\$	50				
Meter Test Fee				\$ \$2	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.