

NOTICE OF PROPOSED RATE CHANGE

TO BE PROVIDED TO CUSTOMERS

PURSUANT TO TEX. WATER CODE § 13.1871

AFFIDAVIT

STATE OF TEXAS

COUNTY OF _____

I, _____ being duly sworn, file this **NOTICE OF PROPOSED RATE CHANGE** _____ as

(indicate relationship to Utility, that is, owner, member of partnership, title as officer of corporation, or other authorized representative of Utility); that, in such capacity, I am qualified and authorized to file and verify such NOTICE; and that all statements made and matters set forth herein are true and correct.

I further represent that a copy of the attached NOTICE was provided by _____

(method of delivery)

to each customer or other affected party on or about _____, 20 _____

AFFIANT
(Utility's Authorized Representative)

NAME OF UTILITY

If the Affiant to this form is any person other than the sole owner, partner, officer of the Utility, or its attorney, a properly verified Power of Attorney must be enclosed.

SUBSCRIBED AND SWORN TO BEFORE ME,
this the _____ day of _____, 20 _____, to certify
which witness my hand and seal of office.

SEAL

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

PRINT OR TYPE NAME OF NOTARY

MY COMMISSION EXPIRES _____

P.U.C. DOCKET NO. _____*

**NOTICE OF PROPOSED RATE CHANGE
PURSUANT TO TEX. WATER CODE § 13.1871**

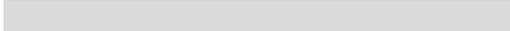


Company Name

CCN Number(s)

has filed a rate change application with the Public Utility Commission of Texas (Commission or PUC). The application may be reviewed online at interchange.puc.texas.gov. You may also inspect a copy of the rate change application at your utility's office at the address below or at the Commission's office (1701 N. Congress Ave, Austin, TX 78701). The proposed rates will apply to service received after the effective date provided below, unless modified or suspended by the Commission. If the Commission receives a sufficient number of protests, separately or in a combined protest letter, from at least _____ [number of] ratepayers (10 percent of the utility's customers over whose rates the Commission has original jurisdiction) or from any affected municipality before the 91st day after the proposed effective date, the matter will be set for hearing. **See Protest Form on the next page for instructions on how to protest.**

EFFECTIVE DATE OF PROPOSED INCREASE:



(must be at least 35 days after notice is provided to customers and 35 days after application is filed)

(Proposed rates requested by the utility are not final. The Commission may modify the rates and order a refund or credit against future bills all sums collected during the pendency of the rate proceeding in excess of the rate finally ordered plus interest.)

Reason(s) for proposed Rate Change:



BILLING COMPARISON

Water

Existing	5,000 gallons:	\$	<input type="text"/>	/mo	Proposed	5,000 gallons:	\$	<input type="text"/>	/mo
Existing	10,000 gallons:	\$	<input type="text"/>	/mo	Proposed	10,000 gallons:	\$	<input type="text"/>	/mo
Existing	30,000 gallons:	\$	<input type="text"/>	/mo	Proposed	30,000 gallons:	\$	<input type="text"/>	/mo

Sewer

Existing	5,000 gallons:	\$	<input type="text"/>	/mo	Proposed	5,000 gallons:	<input type="text"/>	/mo	
Existing	10,000 gallons:	\$	<input type="text"/>	/mo	Proposed	10,000 gallons:	\$	<input type="text"/>	/mo



Subdivision(s) or System(s) Affected by Rate Change



Company Address City State Zip



Company Phone Number



Annual Revenue Increase Date Notice Delivered



Date of Last Rate Change Date Meters Typically Read

* Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

P.U.C. DOCKET NO. _____

RATEPAYER PROTEST

If you wish to PROTEST the proposed rate change, you must submit this form and 10 copies to:

**Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326**

Unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing, no hearing will be held and the rates will be effective as proposed.

CUSTOMER INFORMATION (to be completed by customers submitting protests)

First Name: _____ Last Name: _____

Phone Number: _____ Fax Number: _____

Address, City, State: _____

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:

- Water Rate Change Sewer Rate Change Both Water and Sewer Rate Change
- Other (please specify below)

Signature of Protestor:

_____ Date: _____

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

**Hearing- and speech-impaired individuals with text telephones may contact the PUC's Customer Assistance
Hotline at
512-936-7136**

NOTICE OF PROPOSED RATE CHANGE – WATER

CURRENT RATES			PROPOSED RATES		
Monthly base rate including _____ gallons			Monthly base rate including _____ gallons		
Meter Size:			Meter Size:		
RESIDENTIAL			RESIDENTIAL		
5/8" or 3/4"	\$		5/8" or 3/4"	\$	
1"	\$		1"	\$	
1 1/2"	\$		1 1/2"	\$	
2"	\$		2"	\$	
3"	\$		3"	\$	
Other:	\$		Other:	\$	
GALLONAGE CHARGE:			GALLONAGE CHARGE:		
TIER	VOLUME	CHARGE per 1000 gals.	TIER	VOLUME	CHARGE per 1000 gals.
Tier 1	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 1	_____ to _____ gals.	\$ _____ /1000 gals.
Tier 2	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 2	_____ to _____ gals.	\$ _____ /1000 gals.
Tier 3	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 3	_____ to _____ gals.	\$ _____ /1000 gals.
Tier 4	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 4	_____ to _____ gals.	\$ _____ /1000 gals.
Tier 5	_____ to _____ gals.	\$ _____ /1000 gals.	Tier 5	_____ to _____ gals.	\$ _____ /1000 gals.
MISCELLANEOUS FEES			MISCELLANEOUS FEES		
Tap Fee	\$		Tap Fee	\$	
Reconnect fee: Non-payment	\$		Reconnect fee: Non-payment (Maximum - \$25.00)	\$	
Customer's Request	\$		Customer's Request	\$	
Transfer Fee	\$		Transfer Fee	\$	
Late Charge	\$		Late charge: (Indicate either \$5.00 or 10%)	\$	
Returned Check Charge	\$		Returned Check Charge	\$	
Deposit	\$		Deposit (Maximum \$50.00)	\$	
Meter test fee	\$		Meter test fee (Maximum - \$25.00)	\$	

Regulatory Assessment of 1% is added to base rate 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.

NOTICE OF PROPOSED RATE CHANGE –SEWER

CURRENT RATES		PROPOSED RATES	
Monthly base rate including _____ gallons	Monthly base rate including _____ gallons		
Meter Size:	Meter Size:		
RESIDENTIAL		RESIDENTIAL	
5/8" or 3/4"	\$ _____	5/8" or 3/4"	\$ _____
1"	\$ _____	1"	\$ _____
1 1/2"	\$ _____	1 1/2"	\$ _____
2"	\$ _____	2"	\$ _____
3"	\$ _____	3"	\$ _____
Other:	\$ _____	Other:	\$ _____
GALLONAGE OR FIXED CHARGE:		GALLONAGE OR FIXED CHARGE:	
\$ _____		\$ _____	
<input type="checkbox"/> per month; OR		<input type="checkbox"/> per month; OR	
<input type="checkbox"/> for each additional 1,000 gallons over the minimum.		<input type="checkbox"/> for each additional 1,000 gallons over the minimum.	
Gallorage charges are determined based on average consumption for winter period which includes the following months: _____		Gallorage charges are determined based on average consumption for winter period which includes the following months: _____	
MISCELLANEOUS FEES		MISCELLANEOUS FEES	
Tap Fee	\$ _____	Tap Fee	\$ _____
Reconnect fee: Non-payment	\$ _____	Reconnect fee: Non-payment (Maximum - \$25.00)	\$ _____
Customer's Request	\$ _____	Customer's Request	\$ _____
Transfer Fee	\$ _____	Transfer Fee	\$ _____
Late Charge	\$ _____	Late charge: (Indicate either \$5.00 or 10%)	\$ _____
Returned Check Charge	\$ _____	Returned Check Charge	\$ _____
Deposit	\$ _____	Deposit (Maximum \$50.00)	\$ _____
Meter test fee	\$ _____	Meter test fee (Maximum - \$25.00)	\$ _____

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