



# Public Utility District No. 1 of Lewis County

## Rate Proceeding Customer Comment Form

Name of Electric Customer: \_\_\_\_\_

Customer Affiliation(if any): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CUSTOMER OR AFFILIATE'S COMMENTS

Please provide detailed comments regarding concerns/questions regarding the proposed rate changes. *If needed additional pages may be attached.*

Do you want your comments recorded in their entirety in the Minutes of the Rate Proceeding?  Yes  No

*If YES, comments must submitted to the Board preferably prior to the commencement of the rate proceedings, but no later the close of the rate proceedings.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR DISTRICT USE

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Comments Received by (Name and Title): \_\_\_\_\_