

EXHIBIT B

APPLICATION FOR RATE FREEZE

MAIL TO:

~~Aqua Texas, Inc.,
1421 Wells Branch Parkway
Suite 105
Pflugerville, Texas 78644
(866) 773-5561~~

YOU MAY APPLY TO FREEZE YOUR RESIDENTIAL WATER AND SEWER RATES AT THE LEVEL EXISTING AT THE TIME THIS APPLICATION IS FILED IF YOU ARE A RATEPAYER AGE 65 YEARS OR OLDER.

NAME AND ADDRESS OF APPLICANT
(attach sheets if needed)

Ratepayer's Name:

Telephone Number:

Date of Birth:

Customer Account Number:

Current Mailing Address:

City, State, and Zip Code:

By signing this application, you swear or affirm that you are a ratepayer and are age 65 years of age or older, and that you are applying for a rate freeze for Our primary residence. You further swear or affirm that the facts in this application and any attachments thereto are true and correct, and that you do not have a rate freeze on another residence. You must notify Aqua Texas, Inc. if and when your right to a rate freeze ends. If you continue to pay frozen rates after your entitlement to those rates has ended, you hereby agree to repay Aqua Texas, Inc. the amount wrongfully unpaid.

Your rate freeze application will not be accepted if your account is past due at the time of your request, and your rate freeze, if approved, will be terminated in the event that your account becomes over 60 days, past due. To reinstate your rate freeze if cancelled, you must submit a new application after maintaining your account in good standing for a period of six months.

If it is determined that you provided false information in your rate freeze application, you will be prohibited from making a subsequent application.

SIGN AUTHORIZED SIGNATURE
HERE

DATE

PROOF OF AGE OF THE APPLICANT IS REQUIRED.
ATTACH A COPY OF DRIVER'S LICENSE OR BIRTH CERTIFICATE.

Mail To:

Aqua Texas, Inc.
1106 Clayton Lane, Suite 400 W.
Austin, Texas 78723