

APPLICATION FOR NON-JURISDICTIONAL ENTITIES
SECTION 367.021(12), FLORIDA STATUTES
RULE 25-30.060(3)(j), FLORIDA ADMINISTRATIVE CODE

960703-NW

NAME OF SYSTEM: Tom Shively Hi Performance

PHYSICAL ADDRESS OF SYSTEM: 6901 West Hwy 40
Ocala, Fl. 34482

MAILING ADDRESS (IF DIFFERENT): 6800 W. Hwy 40
Ocala, Fl 34482

COUNTY: Marion

PRIMARY CONTACT PERSON:

NAME: Dorothy Shively

ADDRESS: 6800 W. Hwy 40
Ocala, Fl. 34482

PHONE #: 352-237-2593

NAMES OF OWNER(S): Keith + Dorothy Shively

NATURE OF APPLICANT'S BUSINESS ORGANIZATION: (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, ETC.) Sole Proprietor

I believe this system to be exempt from the regulation of the Florida Public Service Commission pursuant to Section 367, Florida Statutes, for the following reasons:

- 1. There is no charge for providing utility service.
- 2. All costs of providing service are treated or recovered as operational expenses.
- 3. The utility services provided are:
Water _____ (Yes or No) Wastewater _____ (Yes or No)

For utility service not provided state how handled:
septic tank

The service territory is located at: 6901 West Hwy 40 - Ocala Fl. 34482

DOCUMENT NUMBER-DATE

06143 JUN-58

FPSC-RECORDS/REPORTING

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I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084.

~~7/20/96~~ June 4, 1996
(date)

Dorothy Shively
Applicant's Signature

Dorothy Shively
Applicant's Name (Typed or Printed)

Property Owner
Applicant's Title

When you finish filling out this application, the original and four copies should be mailed to:

Director, Division of Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850.