STATE OF FLORIDA

COMMISSIONERS: E. LEON JACOBS, JR., CHAIRMAN J. TERRY DEASON LILA A. JABER BRAULIO L. BAEZ MICHAEL A. PALECKI



RIGINAL

TIMOTHY DEVLIN, DIRECTOR DIVISION OF ECONOMIC REGULATION (850) 413-6900

Hublic Service Commission

August 28, 2001

Ms Peggy Kidd Marion County Board of County Commissioners 2602 Southeast Eighth Street Ocala, FL 34471-2600

Re: Staff Assisted Rate Cases for East Marion Sanitary Systems, Inc., Docket No. 010869-WS and BFF, Inc., Docket No. 010919-SU,

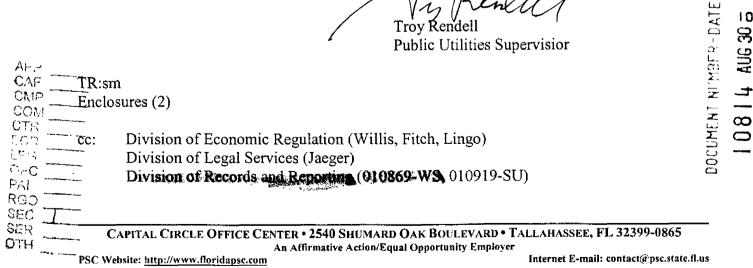
Dear Ms. Kidd:

This letter is to confirm the revisions to the Facilities Rental Agreements between the Marion County Board of County Commissioners and the Florida Public Service Commission. It is my understanding, per your August 23, 2001, phone conversation with Ms. Sally Moniz, the Marion County Commission Auditorium is available from 2:00p.m. until 10:00p.m. on January 23, 2002, for the meetings with the customers of East Marion Sanitary Systems, Inc. and also, available for the same hours on January 24, 2002, for the BBF Inc. customer meetings.

The necessary revisions have been made to the Rental Agreements and enclosed with this letter. If you have any questions about this matter please do not hesitate to call Sally Moniz at (850) 413-6926 or Sam Merta at (850) 413-6427.

Sincerely. Trov Rendell

Public Utilities Supervisior



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The undersigned further agrees to indernally and hold harmises the Bears of County Commissioners, Marion County, Florids, its officers, agents and employees from any and all claims, damages, counts or expenses arising sut of, or incidental to, the above proposed use of Marion County facilities.							lorids, its ufficars, e sropoued use of	
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				OREEN GLOVE	<u>t HALL - 525.00</u>	<u>CONFERENCE</u>	<u>100M5 - \$15.00</u>	
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	THE FOLLOWING 1. Completed an 2. Copy of tax-er 3. Check(s) med	d signed age	venent.	www.weenti	ation. INTY COMMISSIONE			
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	THE MARION COL FACILITY BY NEED	INTY COMMIS	sion reserves Omnission or a	THE RIGHT TO CAN MY OTHER COUNTY	CEL USE OF ANY COU BOARD, COMMETTEE	INTY FACILITY AT AN OR COMMISSION.	y time should a	
	POSTED BY:	Ce	my X	idd	DATE: 7	-27.0	/	
		(PLEASE SIGN	AND RETURN TO P	ACILITIES MANAGE	MENT		
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FACILITIES RENTAL AGREEMENT MARION COUNTY BOARD OF COUNTY COMMISSIONERS TAX EXEMPT NO.: 47-00-025398-52C 7/12/01

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ORGANIZATION: FL. Public Service Commission DATE: 7/12/01
CONTACT PERSON: Sam MERTA TELEPHONE NUMBER: (850) 413-6427 (Representative of Organization)
ADDRESS: <u>2540 Shumard Oak Blud. Tallahossee, FL 32399-0850</u> (Street) (Zip)
THE USE OF YOUR FACILITY IS HEREBY REQUESTED AND THE FOLLOWING INFORMATION IS SUBMITTED:
IT IS UNDERSTOOD AND AGREED that the above named organization assumes all personal liability and responsibility for any damage incurred to the County facility resulting from our use. We further agree to pay the charges listed below, and the check(s) are submitted herewith: January 24, 2002
DATE(S) January 17, 2002 TIME: FROM: 2.00 PM TO: 10:00 PM
FACILITIES MAY BE RESERVED FOR MAXIMUM OF THREE (3) CONSECUTIVE MONTHS PER APPLICATION
NO. PARTICIPANTS: 90 FACILITY REQUESTED: Making County Commission And, Toking
PURPOSE: Customer Meeting
(/ The undersigned further agrees to indemnify and hold harmless the Board of County Commissioners, Marion County, Florida, its officers, agents and employees from any and all claims, damages, costs or expenses arising out <i>of, or</i> incidental to, the above proposed use of Marion County facilities,
It is further specifically understood and agreed that the undersigned will, no less than three (3) days prior to the proposed use of the facilities, provide a Certificate of insurance issued by an insurance company doing business in the State of Florida, evidencing Special Events coverage for the above proposed use of the premises, including General Liability and Products Liability coverages in minimum limits of \$100,000 - \$300,000. Such certificate shall name the Board of County Commissioners, Marion County, Florida as an additional named insured and <u>possession and use of the facilities will not be permitted until such certificate has been filed.</u>
Signed: Division of Economic Regulati
Name of Signer: Tim Deulin (PLEASE PRINT)
RENTAL FEES - (For every four (4) hours or increment thereof): (Payable to Marion County Board of County Commissioners)
AUDITORIUM - \$50.00 GREEN CLOVER HALL - \$25.00 CONFERENCE ROOMS - \$15.00
NO. OF HOURS: Bhis
COST: <u>\$_N/A</u> <u>\$</u> <u>\$</u>
THE FOLLOWING DOCUMENTATION IS SUBMITTED: 1. Completed and signed agreement. 2. Copy of tax-exempt certificate if lesses is tax-exempt organization. 3. Check(s) made payable to MARION COUNTY BOARD OF COUNTY COMMISSIONERS.
APPROVEDNOT APPROVEDDATESIGNEDSIGNED
THE MARION COUNTY COMMISSION RESERVES THE RIGHT TO CANCEL USE OF ANY COUNTY FACILITY AT ANY TIME SHOULD A FACILITY BE NEEDED BY THE COMMISSION OR ANY OTHER COUNTY BOARD, COMMITTEE OR COMMISSION.
DATE:_DATE:DATE:_DAT
PLEASE SIGN AND RETURN TO FACILITIES MANAGEMENT