

STATE OF FLORIDA

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

Public 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 BFF 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,

Troy Rendell
 Public Utilities Supervisor

TR:sm
 Enclosures (2)

cc: Division of Economic Regulation (Willis, Fitch, Lingo)
 Division of Legal Services (Jaeger)
 Division of Records and Reporting (010869-WS, 010919-SU)

DOCUMENT NUMBER-DATE

10815 AUG 30 01

FPSC-COMMISSION CLERK

FACILITIES RENTAL AGREEMENT
MARION COUNTY BOARD OF COUNTY COMMISSIONERS

352 620-3825

Revised
Aug-23, 2001

TAX EXEMPT NO.: 47-00-025398-52C

ORGANIZATION: FL Public Service Commission DATE: 7-27-01

CONTACT PERSON: Tracey Biggins TELEPHONE NUMBER: (950) 413-6844
(Representative of Organization)

ADDRESS: 2540 Shumard Oak Blvd Tallahassee FL 32399-0850
(Street) (City/State) (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 23, 2002

DATE(S): January 16, 2002 TIME: FROM 2:00 PM TO 10:00 PM

FACILITIES MAY BE RESERVED FOR MAXIMUM OF THREE (3) CONSECUTIVE MONTHS PER APPLICATION

Marion County Com
Auditorium

NO. PARTICIPANTS: 50 FACILITY REQUESTED: ~~Marion County Board of County Commissioners~~
Green Clover Hall

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 of, or 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 coverage 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 possession and use of the facilities will not be permitted until such certificate has been filed.

Signed: Tim Deulin Title: Director

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:	<u>8 hrs</u>	_____	_____
COST:	<u>\$ N/A</u>	_____	_____

THE FOLLOWING DOCUMENTATION IS SUBMITTED:

1. Completed and signed agreement.
2. Copy of tax-exempt certificate if lessee is tax-exempt organization.
3. Check(s) made payable to MARION COUNTY BOARD OF COUNTY COMMISSIONERS.

APPROVED _____ NOT APPROVED _____ DATE _____ SIGNED _____

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.

POSTED BY: Peggy Kidd DATE: 7-27-01

PLEASE SIGN AND RETURN TO FACILITIES MANAGEMENT

FACILITIES RENTAL AGREEMENT
MARION COUNTY BOARD OF COUNTY COMMISSIONERS

Revised
8/23/01

TAX EXEMPT NO.: 47-00-025398-52C

ORGANIZATION: FL. Public Service Commission DATE: 7/12/01

CONTACT PERSON: Sam Merta TELEPHONE NUMBER: (850) 413-6427
(Representative of Organization)

ADDRESS: 2540 Shumard Oak Blvd. Tallahassee, FL 32399-0850
(Street) (City/State) (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: Marion County Commission Auditorium

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 of, or 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 possession and use of the facilities will not be permitted until such certificate has been filed.

Signed: [Signature] Title: Director, Division of Economic Regulation

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)

	<u>AUDITORIUM - \$50.00</u>	<u>GREEN CLOVER HALL - \$25.00</u>	<u>CONFERENCE ROOMS - \$15.00</u>
NO. OF HOURS:	<u>8 hrs</u>	_____	_____
COST:	\$ <u>N/A</u>	\$ _____	\$ _____

THE FOLLOWING DOCUMENTATION IS SUBMITTED:

1. Completed and signed agreement.
2. Copy of tax-exempt certificate if lessee is tax-exempt organization.
3. Check(s) made payable to MARION COUNTY BOARD OF COUNTY COMMISSIONERS.

APPROVED _____ NOT APPROVED _____ DATE _____ SIGNED _____

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POSTED BY: _____ DATE: _____

PLEASE SIGN AND RETURN TO FACILITIES MANAGEMENT