## U & I 3 AUG 30 0

Internet E-mail: contact@psc.state.fl.us

## STATE OF FLORIDA

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



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,

Troy Rendell

Public Utilities Supervisior

TR:sm

Enclosures (2)

c: Division of Economic Regulation (Willis, Fitch, Lingo)

Division of Legal Services (Jaeger)

Division of Records and Reporting (010869-WS, 010919-SU)

07/27/2001 14:44 4137713 Jul 26 01 02:00p

FACILITIES MGMT

3526203825

PAGE 82/82 p.2

FACILITIES RENTAL AGREEMENT
MARION COUNTY BOARD OF COUNTY COMMISSIONERS

352 620 -3825

		MARION COL	INTY BOARD OF COUNTY G	OMMESICHERS 23	600 38 AL	<b>&gt;</b>					
	TAX EXEMPT NO.;	47-00-025	398-52.C		Reu	1,500 ug-23,2001					
	ORGANIZATION:_	FL Public Ser	vice Commission	1 DATE: 1-27	-01						
	CONTACT PERSON	· · · · · · · · · · · · · · · · · · ·	GO:05 TELEP	HONE NUMBER: (\$50)	413-6844						
•	ADDRESS: 25	40 Shumard	nak Blud To	nilahassee FL	32399-085	0					
·	THE USE OF YOUR FACILITY IS HEREBY REQUESTED AND THE FOLLOWING INFORMATION IS SUBMITTED:										
invary 23	IT IS UNDERSTOOD AND AGREED that the above named organization assumes all personal liability and responsibility for any derege incurred to the County facility resulting from our use. We further agree to pay the charges fisted below, and the character are submitted herewith:  2001  DATE(S) TOUCH UT TO 2002  TIME: FROM: 2:00 PM TO: 10:00 201										
	FACILITIES MAY BE RESERVED FOR MAXIMUM OF THREE (3) CONSECUTIVE MONTHS PER APPLICATION MG CICK TO COME										
	NO. PARTICIPANTS	s: 50	FACILITY REQUESTED:	Mesodowala l	विकास करा है।	A CONTRACTOR OF THE PARTY OF TH					
	PURPOSE: CUS	stomer Meeting		- Charles	town Wa	al ·					
	The understance further agrees to indemnify and hold harmless the Sound of County Commissioners, Merian County, Floride, its officers, agents and employees from any and all claims, desingue, couts 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 feelities, provide a Continuity of insurance issued by an insurance company doing treatment in the State of Fierids, evidenting Special Events coverage for the above proposed use of the premises, including General Liability and Products Liability overages in minimum limits of \$100,000 - \$100,000. Such continuit shall name the Sound of County Commissioners, Marion County, Florids as an additional named insured and hospitalism and was of the feelibles will not be commissioners, Marion County Florids as an additional named insured and hospitalism and was of the feelibles will not be commissionered for hospitalism.										
	Signed:	mtel	Title:	Director							
	Name of Signar	Jim Davin	-								
	. RENTAL FEES - (For every four (4) hours or increment thereoft: (Payable to Marion County Board of County Commissioners)										
	4	UDITORIUM - \$50.00	GREEN GLOVER HALL -	23.00 CONFEREN	CE ROOMS - \$15.00						
	NO. OF HOURS:	8 hrs									
	COST:	NIA	Ł	1	· · · · · · · · · · · · · · · · · · ·						
	THE FOLLOWING DOCUMENTATION IS SUBMITTED:  1. Completed and signed agreement.  2. Copy of tax-exempt certificate if leases (a tax-exempt organization.  3. Check(s) made psyable to MARION COUNTY BOARD OF COUNTY COMMISSIONERS.										
	APPROVED	NOT APPROVEDD	AYESIGN	IED							
	THE MARION COUNTRACILITY ME MEEDE	TY COMMISSION RESERVES D BY THE COMMISSION OR A	THE RIGHT TO CANCEL USE O MY OTHER COUNTY SOARD, C	F ANY COUNTY PACILITY AT DIMMETTEE OR COMMISSION	FANY TIME SHOULD A						
	postro sv.	Com Do	add new	7-27-	0/						

## FACILITIES RENTAL AGREEMENT MARION COUNTY BOARD OF COUNTY COMMISSIONERS

Revised 8/2301

TAX EXEMPT NO .: 47	00-0253	98-52C	-		8/29	C I
ORGANIZATION: FL.	Public Serv	ice Commi	\$\$/0hDATE	<u>. 7</u>	12/01	-
CONTACT PERSON:	am Mer	eta.	TELEPHONE NU	IMBER: <u>(85</u> 0	) 413-64	<u>2</u> 7
ADDRESS: 3540 S	humard Da	K Blod.	Tallahussee (City/State)	FL	32399-08 (Zip)	
THE USE OF YOUR FACILI	TY IS HEREBY RE	QUESTED AND T	HE FOLLOWING INFO	ORMATION IS	SUBMITTED:	
IT IS UNDERSTOOD AND A any damage incurred to the the check(s) are submitted	County facility res herewith: うゅん	witing from our w wary 24, 2	se. We further agree DD 2.	to pay the cha	irges listed below, a	for nd
DATE(S) January	17, 2002	TIME: F	rom: <u>2.00 P</u>	<u>М_то:_/О</u>	:00 PM	
FACILITIES MAY			EE (3) CONSECUTIVE			
NO. PARTICIPANTS:	90	FACILITY REQU	ESTED: Marion	Crunity Con	nmission Audi	TORIL
PURPOSE: CusTome	R Meetin	19				
The undersigned further agrees agents and employees from an Marion County facilities.	to indemnify and hal	d harmiees the Sos	rd of County Commissio enses arising out of, or	oners, Marion Co incidental to, th	unty, Florida, its office e above proposed use	rs, of
	Deulin	ties will not be pen	Title: DIRECTOR	Division	-	
	RENTAL FEES - (P (Payable to Mario	or every four (4) on County Board	nours or increment to of County Commission	hereof); oners)		
AUDITOR	UM - \$50.00	GREEN CLOVE	R HALL - \$25.00	CONFEREN	ICE ROOMS - \$15.00	Ī
NO. OF HOURS: $8$	his					
COST:	[A	\$		\$		
THE FOLLOWING DOCUME!  1. Completed and signed ag  2. Copy of tax-exempt certif  3. Check(s) made payable to	<mark>reement.</mark>  Cate if leages is to	v-evemnt čmania	ation. INTY COMMISSIONE	RS.		•
APPROVEDNOT APP	PROVEDDA	TE	SIGNED			•
THE MARION COUNTY COMMISTACILITY BE NEEDED BY THE (	SION DESERVES TA	E PIGHT TO CAN	ELUSE OF ANY COUN	NTY FACILITY AT IR COMMISSION	FANY TIME SHOULD A	١
POSTED BY:			DATE:			

PLEASE SIGN AND RETURN TO FACILITIES MANAGEMENT