

APPLICATION FOR AMENDMENT OF CERTIFICATE  
(EXTENSION)

(Pursuant to Section 367.045, Florida Statutes)

To: Director, Division of the Commission Clerk & Administrative Services  
Florida Public Service Commission  
Tallahassee, Florida 32399-0850

W0370

CK 3067  
\$100.00  
MC

The undersigned hereby makes application for amendment of Water Certificate No. and/or Wastewater Certificate No. 419-W to ADD (add or delete) territory located in Marion County, Florida, and submits the following information:

**PART I** APPLICANT INFORMATION

DB25

MAR 25 2003

A) The full name (as it appears on the certificate), address and telephone number of the applicant:

Name of utility Residential Water Systems, Inc.

( 352 ) 622-4949

( 352 ) 732-4366

Phone No.

Fax No.

Office street address 1410 NE 8<sup>th</sup> Ave

City Ocala

State FL

Zip Code 34470

Mailing address if different from street address PO Box 5220  
Ocala, FL 34478-5220

Internet address if applicable Charlie@alternativephone.com

DISTRIBUTION CENTER  
03 MAR 24 AM 9:42

B) The name, address and telephone number of the person to contact concerning this application:

Charles deMenzes

( 352 ) 622-4949

Name

Phone No.

Street address PO Box 5220

City Ocala

State FL

Zip Code 34478-5220

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

LM

DOCUMENT NUMBER: DATE

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PSC/ECR 008-W (Rev. 2/91)