

ORIGINAL

Hopping Green & Sams

Attorneys and Counselors

Writer's Direct Dial No.
(850) 425-2359

October 20, 2003

RECEIVED FPSC
03 OCT 20 PM 3:18
COMMISSION
CLERK

BY HAND DELIVERY

Blanca Bayó
Director, Records and Reporting
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: City Gas Company of Florida
Docket No. 030569-GU

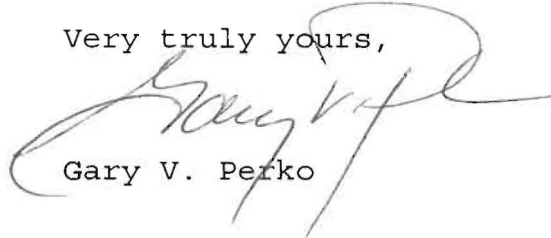
Dear Ms. Bayó:

Enclosed for filing on behalf of City Gas Company of Florida are the original and 20 copies of the following:

- 10255-03 (1) Affidavit of Notice relating to the mailing to customers of the Notice to Customers.
- 10256-03 (2) Affidavit of Notice relating to the mailing to governmental bodies of the Petition for Rate Increase and the Rate Case Synopsis.

If you have any questions regarding these filings, please call.

Very truly yours,



Gary V. Perko

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC I
OTH _____

GVP/mee
Enclosures

cc: Ralph Jaeger
Gloria Lopez

RECEIVED & FILED


FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER DATE

10255 OCT 20 03

ORIGINAL

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In Re: Application for Rate)
Increase by City Gas Company) Docket No. 030569-GU
of Florida _____)

AFFIDAVIT OF NOTICE

STATE OF NEW JERSEY
COUNTY OF SOMERSET

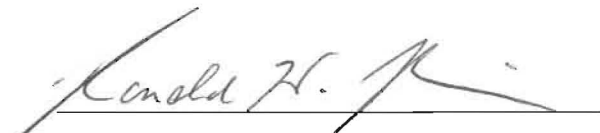
BEFORE ME, the undersigned authority, personally appeared Ronald H. Reisman who, first being duly sworn, deposes and says:

1. That he is Manager of Marketing Communications of NUI Utilities, Inc. of which City Gas Company of Florida is an operating division.

2. That on September 30, October 2, October 6, and October 9, 2003, he caused the Notice to Customers and Notice of Customer Meeting attached as Exhibit A to be sent by U.S. Mail, first class postage prepaid, to all customers of City Gas Company of Florida. Both English and Spanish language versions were mailed to customers in the utility's Miami Division.

3. That certifications from the U.S. Postal Service reflecting the mailing of these 100,702 notices are attached as Exhibit B.

FURTHER AFFIANT SAYETH NOT.

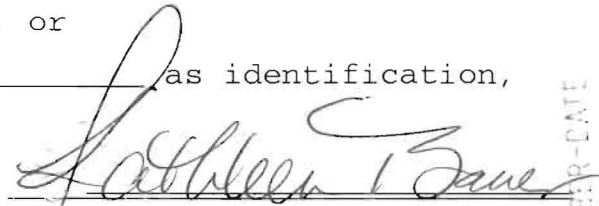

Ronald H. Reisman

SWORN TO and subscribed before me, by Ronald Reisman who

(x) is personally known to me, or

() produced _____ as identification,

this 17th day of October, 2003.


Notary Public

Kathleen Bauer
Notary Public
State of New Jersey
My Commission Expires
August 4, 2008

DOCUMENT NUMBER-DATE

10255 OCT 20 03

FPSC-COMMISSION CLERK

**BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION
NOTICE TO CUSTOMERS AND NOTICE OF CUSTOMER MEETINGS
TO THE CUSTOMERS OF CITY GAS COMPANY OF FLORIDA
AND ALL OTHER INTERESTED PERSONS
RE: DOCKET NO. 030569-GU
APPLICATION FOR A RATE INCREASE BY CITY GAS COMPANY OF FLORIDA
DATED: SEPTEMBER 29, 2003**

*Puede pedir la versión en español de esta notificación llamando a
City Gas Company of Florida al 1-800-347-4427, extensión 5222.*

*Pou ou jwen tradiksyon nan kreyól anons sa a, tanpri rele
City Gas Company of Florida nan 1-800-347-4427, estansyon 5222.*

On August 15, 2003, City Gas Company of Florida ("the Company"), an operating division of NUI Utilities, Inc., filed a request for a rate increase with the Florida Public Service Commission ("Commission") in its Docket No. 030569-GU for approval to increase annual revenues by \$10,489,305. The Company also requested an interim rate increase of \$3,548,987 be put into effect pending final action on the permanent rate increase.

The general reasons for the request for an increase in rates are:

- 1) The Company's natural gas throughput from residential, commercial and industrial customers has not grown at the rate projected in its last rate case, due in part to the economic downturn following the events of September 11, 2001.
- 2) The Company has made capital additions that need to be recognized in rate base so that an adequate return on this investment can be obtained.
- 3) The Company's operating expenses have increased due, among other things, to inflation and customer growth, increased pension costs, increased medical insurance costs, increased property and liability insurance costs, and increased corporate governance costs. Many of these cost increases are due to external factors that affect businesses in all industries.

In order to more fairly recover the cost of service, the Company is proposing a substantial rate restructuring that will eliminate distinctions between residential, commercial and industrial customers, between sales and transportation customers, and between firm and interruptible customers. Instead, a customer's rate class will be based solely on annual therm usage levels. A comparison of the proposed final rates with the rates in effect prior to the Company's request is attached.

(continued inside)

Exhibit A

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
PERMIT #35
WHITEHOUSE STATION, NJ

955 East 25th Street
Hialeah, FL 33013



NOTICE is hereby given that the Florida Public Service Commission will conduct customer meetings in Miami-Dade, St. Lucie and Brevard Counties to discuss the application of City Gas Company of Florida for a rate increase and to allow customers to express their views regarding the quality of service they receive from the Company and other matters pertaining to the requested rate increase. One or more Commissioners of the Florida Public Service Commission may attend and participate at the customer meetings. The dates, times and locations of the customer meetings are as follows

OCTOBER 29, 2003
6:00 p.m.
Miami-Dade County
Coral Gables City Hall
Commission Chambers
405 Biltmore Way
Coral Gables, FL 33134

OCTOBER 30, 2003
12:00 p.m.
St. Lucie County
Port St. Lucie Community Center
Room D
2195 S.E. Airoso Blvd.
Port St. Lucie, FL 34984

OCTOBER 30, 2003
6:00 p.m.
Brevard County
Space Coast Room, Building C, 2nd Floor
Brevard County Governmental Center
2725 Judge Fran Jamieson Way
Melbourne, FL 32940

All customers who wish to comment are urged to be present at the beginning of the meeting, since the meetings may be adjourned early if no customers are present. The meeting will begin as scheduled and will continue until all of the customers have been heard.

Any person requiring some accommodation at the customer meetings because of a physical impairment should call the Commission's Division of the Commission Clerk and Administrative Services at (850) 413-6770 at least 48 hours prior to the meeting(s). Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, which can be reached at 1-800-955-8771 (TDD).

PURPOSE

The purpose of the meeting(s) is to give customers and other interested persons an opportunity to offer comments to the Public Service Commission regarding the quality of service the utility provides and to ask questions and comment on the utility's proposed rates included in this notice as well as other issues. Staff members will answer questions to the extent possible. A representative from the utility has also been invited to respond to questions.

At the beginning of the meeting, procedures will be established for the order of comments. The Public Service Commission will have sign-up sheets, and customers will be called in the order that they sign-up to speak. Public Service Commission staff will be available to coordinate customers' comments and to assist members of the public.

Any person who wishes to comment or provide information to Staff may do so at the meetings, orally or in writing. Written comments may also be sent to the Commission at the address given at the end of this notice. Your letter will be placed in the correspondence file of this docket. You may also submit comments through the Public Service Commission's toll-free facsimile line at 1-800-511-0809.

BACKGROUND

• City Gas Company of Florida is a natural gas utility located in Miami-Dade, St. Lucie, Broward, Palm Beach, Indian River, Martin, and Brevard counties. It provides service to over 100,000 customers. In its filings, the utility states that its overall rate of return during the historic base year ending September 30, 2002 was 5.41%. Moreover, the utility projects that this return will drop to 2.91% for the year ending September 30, 2004. The test period for setting rates is the projected twelve-month period ending September 30, 2004.

PRESENT AND PROPOSED RATES

The utility's present and proposed rates are set out on the attached Appendix A. These rates are preliminary and subject to change based on information gathered at the customer meeting, further Staff review, and the final decision by the Commissioners.

PROCEDURES AFTER CUSTOMER MEETINGS

After the meetings, Public Service Commission staff will prepare a recommendation which is tentatively scheduled to be submitted to the Public Service Commission on December 23, 2003. The Public Service Commission will then vote on Staff's recommendation at its January 6, 2004, agenda conference. The Commission will thereafter issue a proposed agency action order containing rates which may be different from those contained in Staff's final recommendation. Substantially affected persons have 21 days to protest the Commission's proposed agency action order.

SCHEDULE OF THE CASE

The Commission is currently scheduled to consider the Company's request for interim rate relief on October 7, 2003, and its request for permanent rate relief on January 6, 2004, in Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida, beginning at 9:30 a.m.

The following is the current rate case schedule established by the Commission that contains all the critical events and dates. This schedule is subject to change by the Commission.

Staff Recommendation on Interim Rates	9/25/03	Customer meeting - Brevard County	10/30/03
Agenda Conference on Interim Rates	10/7/03	Audit Report Due	10/31/03
Standard Order on Interim Rates	10/27/03	Staff Recommendation on Final Rates	12/23/03
Customer meeting - Miami-Dade County	10/29/03	Agenda Conference on Final Rates	1/6/04
Customer meeting - St. Lucie County	10/30/03	Proposed Agency Action Order on Final Rates	1/26/04

More detailed information on the Company's proposed rate increase is contained in the complete minimum filing requirements, located at the following Company offices:

CITY GAS COMPANY OF FLORIDA
955 East 25th Street
Hialeah, Florida 33013-3498

CITY GAS COMPANY OF FLORIDA
590 NW Peacock Blvd., Suite 7
Port St. Lucie, FL 34986-2213

CITY GAS COMPANY OF FLORIDA
4180 South U.S. Highway No. 1
Rockledge, Florida 32955-5309

Inspection of the filing at any of these offices may be conducted during normal business hours (8:00 a.m. - 5:00 p.m., Monday - Friday).

A Synopsis of the rate case can be reviewed at the above locations and at the following Public Libraries:

St. Lucie County
Public Library
Port St. Lucie Branch
180 SW Prima Vista
Port St. Lucie, FL 34983
(772) 871-5450

Indian River County
Public Library
1600 21st Street
Vero Beach, FL 32960
(561) 770-5060

Hialeah John F. Kennedy
Memorial Library
Attention: Director
190 W. 49 Street
Hialeah, FL 33012
(305) 819-9140

Broward County Main Library
Attention: Director
100 S. Andrews Avenue
Ft. Lauderdale, FL 33301
(954) 357-7444

Martin County Public Library
Hoke Library
1150 NW Jack Williams Way
Jensen Beach, FL 34957
(772) 463-2870

Central Brevard Library
Attention: Director
308 Forrest Avenue
Cocoa, FL 32922
(321) 633-1792

Miami Dade Main Library
Attention: Director
101 West Flagler Street
Miami, FL 33128
(305) 375-2665

Palm Beach County Library
Belle Glade Branch
530 South Main Street
Belle Glade, FL 33430
(561) 996-3453

Any customer comments regarding the Company's service or the proposed rate increase should be addressed to:

**DIRECTOR, DIVISION OF THE COMMISSION CLERK
AND ADMINISTRATIVE SERVICES**
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Such comments should refer to Docket No. 030569-GU, which is the docket number that has been assigned to this proceeding.

If you wish to contact the Commission regarding complaints about service, you may call (toll free) or write the Florida Public Service Commission's Consumer Affairs Division:

DIVISION OF CONSUMER AFFAIRS
FLORIDA PUBLIC SERVICE COMMISSION
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850
1-800-342-3552 (Toll Free Number)

Company personnel may be contacted to answer questions concerning the rate request at the address shown on your gas service bill, or by calling the following telephone number: 1-800-347-4427 Extension 5222

This notice was prepared by the utility with the assistance of the Commission staff for distribution by the utility to its customers.

APPENDIX A CITY GAS COMPANY OF FLORIDA COMPARISON OF PRESENT AND PROPOSED RATES

Your annual usage in therms appears above your name on the address label of this document.

The Company is proposing substantial changes to its traditional customer classes and rate schedules. As proposed, the current residential, commercial and industrial classifications are replaced by 11 volumetric-based rate schedules, without regard to customer type. Under the proposed rate structure, there is no distinction between sales and transportation service or between firm and interruptible service.

The following table provides information to enable customers to compare rates under the existing classes to the proposed classes. For example, the proposed General Service 1-99 therm volumetric class (Rate Schedule GS-1) does not distinguish between residential, commercial and industrial customers. The information below has been separated to display GS-1 residential rates and GS-1 non-residential rates to allow customers to more easily compare the current and proposed rates. The Company is not proposing two GS-1 rate classes. The information is presented in this format solely for purposes of clarifying the Company's proposal.

In addition, the Flexible Gas Service, Contract Demand Service, and Off-System Sales rate schedules are not included in the rate comparisons. Rates for these schedules are established by negotiation.

ANNUAL THERMS	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES	ANNUAL THERMS	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES
0-99	GS-1 (Residential Sales: RS) Customer Charge, per month Distribution Charge, per therm	\$7.50 \$0.49367	\$9.25 \$0.5547	100-219	GS-100 (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$12.00 \$0.4780
0-99	GS-1 (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$9.25 \$0.5547	100-219	GS-100 (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$12.00 \$0.4780
0-99	GS-1 (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$9.25 \$0.5547	220-599	GS-220 (Residential Sales: RS) Customer Charge, per month Distribution Charge, per therm	\$7.50 \$0.49367	\$15.00 \$0.4367
100-219	GS-100 (Residential Sales: RS) Customer Charge, per month Distribution Charge, per therm	\$7.50 \$0.49367	\$12.00 \$0.4780	220-599	GS-220 (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$15.00 \$0.4367

ANNUAL THERMS	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES
220-599	GS-220 (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$15.00 \$0.4367
600-1,199	GS-600 (Residential Sales: RS) Customer Charge, per month Distribution Charge, per therm	\$7.50 \$0.49367	\$20.00 \$0.3856
600-1,199	GS-600 (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$20.00 \$0.3856
600-1,199	GS-600 (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$20.00 \$0.3856
1,200-5,999	GS-1.2k (Residential Sales: RS) Customer Charge, per month Distribution Charge, per therm	\$7.50 \$0.49367	\$25.00 \$0.3062
1,200-5,999	GS-1.2k (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$25.00 \$0.3062
1,200-5,999	GS-1.2k (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$25.00 \$0.3062
6,000-24,999	GS-6k (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$33.00 \$0.2882
6,000-24,999	GS-6k (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$33.00 \$0.2882
25,000-59,999	GS-25k (Commercial Sales: CS) Customer Charge, per month Distribution Charge, per therm	\$20.00 \$0.23877	\$130.00 \$0.2759

ANNUAL THERMS	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES
25,000-59,999	GS-25k (Small Commercial Transportation: SCTS) Customer Charge, per month Distribution Charge, per therm	\$25.00 \$0.23877	\$130.00 \$0.2759
60,000-119,999	GS-60k (Commercial Sales: CS) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$20.00 \$ -- \$0.23877	\$185.00 \$0.725 \$0.2580
60,000-119,999	GS-60k (Small Commercial Transportation: SCTS) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$25.00 \$ -- \$0.23877	\$185.00 \$0.725 \$0.2580
120,000-249,999	GS-120k (Large Commercial Sales: LCS) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$50.00 \$ -- \$0.17847	\$300.00 \$0.725 \$0.1430
120,000-249,999	GS-120k (Commercial Transportation: CTS) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$55.00 \$ -- \$0.17847	\$300.00 \$0.725 \$0.1430
250,000-1,249,999	GS-250k (Interruptible Sales: IP/CI) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$100.00 \$ -- \$0.15787	\$500.00 \$0.725 \$0.1309
250,000-1,249,000	GS-250k (Interruptible Transportation: ITS/CI-TS) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$175.00 \$ -- \$0.15787	\$500.00 \$0.725 \$0.1309
1,250,000+	GS-1,250k (Interruptible Large Volume Sales: IL/CI-LV) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$250.00 \$ -- \$0.11198	\$800.00 \$0.725 \$0.1013

ANNUAL THERMS	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES
1,250,000+	GS-1,250k (Interruptible Large Volume Transportation: ILT/CI-LVT) Customer Charge, per month Demand Charge, per DCQ* (in therms) Distribution Charge, per therm	\$400.00 \$ -- \$0.11198	\$800.00 \$0.725 \$0.1013
	GL (Gas Lighting) Energy Charge, per lamp	\$8.89	\$8.60
NGV (Natural Gas Vehicles)	Customer Charge, per month Distribution Charge, per therm	\$15.00 \$0.17500	\$15.00 \$0.1750
	TPS (Third Party Supplier) Customer Charge, per TPS per month Charge per Customer, per month	\$ -- \$ --	\$400.00 \$5.92
	TSS (Transportation Supply Service) Annual Service Charge Daily Usage Charge	\$ -- \$ --	\$500 \$50

	PROPOSED RATE SCHEDULE (PRESENT RATE SCHEDULE SHOWN IN PARENTHESIS)	PRESENT RATES	PROPOSED RATES
	Miscellaneous Service Charges		
	Residential Connect	\$30.00	\$50.00
	Non-Residential Connect	\$60.00	\$110.00
	Residential Reconnect after non-payment	\$30.00	\$50.00
	Non-Residential Reconnect after non-payment	\$60.00	\$170.00
	Change of Account	\$20.00	\$20.00
	Customer Requested Temporary Disconnection	\$ --	\$20.00
	Bill Collection in lieu of Disconnection	\$15.00	\$20.00
	Late Payment Charge, whichever is greater	1.5%	\$5 or 1.5%
	Returned Check Charge, whichever is greater	\$25.00 or 5%	\$25.00 or 5%
	Copy of Tariff	\$25.00	\$25.00

* DCQ, or demand charge quantity, will be determined by the customer's maximum daily requirements in terms of therm units per day.

Permit Holder Associated Mailing Services PO Box 191 Whitehouse Station NJ 08889	Phone (908)-541-9700	Mailing Agent	Phone ()- -	Prepared For NUI Northwest Division 148 Edison Road Stewartsville NJ 08886
Dun & Bradstreet No.		Dun & Bradstreet No.		Dun & Bradstreet No.

PO of Mailing Whitehouse Station NJ	Processing Cat (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Auto Flats (DMM 820) <input type="checkbox"/> Parcels	Mailing Date 9/30/03	Fed Agcy Cst Cde	Statement Sequence # MIAMI MAILING 1	Number of Containers 1' MM 5 2' MM 77 2' EMM (82) Tot Trays Flt Trays Sacks Pallets
Permit No. 35	Weight of a Single Piece 0.0500 pound		Total Pieces 28,722	Total Weight 1,436.1000	

For mail enclosed within another class:
 Periodicals Standard Mail Bound Printed Matter Library Mail Media Mail Parcel Post

For Automation Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) **9/29/2003**

For Automation CR Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) **9/29/2003**

For Automation Letters	Total From Part A	7,977.2740
For Automation Flats	Total From Part B	
For Nonauto Ltrs, Flts, and Parcels	Total From Part C	44.0300
For Auto and Nonauto Cards	Total From Part D	
For Special Svcs and Other Fees	Total From Form 3540-5	
Postmaster: Report total postage in AIC 121.	Total Postage --->	8,021.30
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	Total Adjusted Postage --->	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Chris Halligan</i>	Name of Mailer or Agent AMS- Chris Halligan	Telephone 908-541-9700
---	---	----------------------------------

Weight of a Single Piece _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	If "Yes" Reason:
Total Weight	
Total Postage	

Check <input type="checkbox"/> Verification One <input type="checkbox"/> Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified	Contact	By (Initials)	Round Stamp (READ) (Red)
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.					
Verifying Employee's Signature	Verifying Employee's Name	Time	AM	PM	

Exhibit B

Post Office Note Mail Arrival Time

3:20 PM

Permit Holder Associated Mailing Services PO Box 191 Whitehouse Station NJ 08889	Phone (908)-541-9700	Mailing Agent	Phone ()- -	Prepared For MUI Northwest Division 148 Edison Road Stewartsville NJ 08886
CAPS Cust. Ref. ID	Dun & Bradstreet No.	Dun & Bradstreet No.	Dun & Bradstreet No.	

PO of Mailing Whitehouse Station NJ	Processing Cat (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Auto Flats (DMM 820) <input type="checkbox"/> Parcels	Mailing Date 10/2/03	Fed Agcy Cst Cde	Statement Sequence # Rest Mail 1	Number of Containers 1' MM 4 2' MM 28 2' EMM Tot Trays Flt Trays Sacks Pallets
Permit No. 35		Weight of a Single Piece 0.0188 pound		Total Pieces 21,629	
For mail enclosed within another class: <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post				Total Weight 406.6252	

For Automation Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003	For Automation CR Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003
--	---

For Automation Letters	Total From Part A	6,001.4080
For Automation Flats	Total From Part B	
For Nonauto Ltrs, Flts, and Parcels	Total From Part C	102.1200
For Auto and Nonauto Cards	Total From Part D	
For Special Svcs and Other Fees	Total From Form 3540-S	

Postmaster: Report total postage in AIC 121. Total Postage ---> 6,103.53

For USPS Use Only: Additional Postage Payment (State reason)

Postmaster: Report total adjusted postage in AIC 121. Total Adjusted Postage --->

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent <i>Chris Halligan</i>	Name of Mailer or Agent AMS - Chris Halligan	Telephone 908-541-9700
---	---	---------------------------

Weight of a Single Piece _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	If "Yes" Reason:
Total Weight	
Total Postage	

Check <input type="checkbox"/> Verification One <input type="checkbox"/> Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified	Contact	By (Initials)	Round Stamp (Required)
--	--	----------------------	---------	---------------	------------------------

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name	Time	AM
--	---------------------------	------	----



Post Office Note Mail Arrival 10/10/03
 @ KLM 2 AM

Permit Holder Associated Mailing Services PO Box 191 Whitehouse Station NJ 08889	Phone (908)-541-9700	Mailing Agent	Phone ()- -	Prepared For NUI Northwest Division 148 Edison Road Stewartsville NJ 08886
CAPS Cust. Ref. ID		Dun & Bradstreet No.		Dun & Bradstreet No.

PO of Mailing Whitehouse Station NJ	Processing Cat (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Auto Flats (DMM 820) <input type="checkbox"/> Parcels	Mailing Date 10/10/03	Fed Agcy Cst Cde	Statement Sequence # Miami Mailing 2	Number of Containers 1' MM 4 2' MM 79 2' EMM 82 Tot Trays Flt Trays Sacks Pallets
Permit No. 35	Weight of a Single Piece 0.0500 pound	Total Pieces 28,722	Total Weight 1,436.1000		

For Automation Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003	For Automation CR Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003
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For Automation Letters	Total From Part A	7,948.0430
For Automation Flats	Total From Part B	
For Nonauto Ltrs, Flts, and Parcels	Total From Part C	72.1500
For Auto and Nonauto Cards	Total From Part D	
For Special Svcs and Other Fees	Total From Form 3540-5	
Postmaster: Report total postage in AIC 121.	Total Postage --->	8,020.19
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	Total Adjusted Postage --->	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

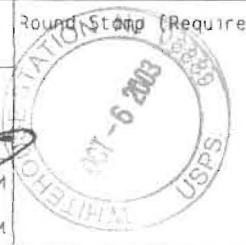
Signature of Mailer or Agent <i>Chris Halligum</i>	Name of Mailer or Agent AMS - Chris Halligum	Telephone 908-541-9700
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Weight of a Single Piece _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	If "Yes" Reason:
Total Weight	
Total Postage	

Check <input type="checkbox"/> Verification One <input type="checkbox"/> Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified	Contact	By (Initials)	Round Stamp (Required)
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I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Verifying Employee's Signature <i>[Signature]</i>	Verifying Employee's Name [Signature]	Time AM PM
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Post Office Note Mail Arrival Time
 3PM 10-3

Permit holder Associated Mailing Services PO Box 191 Whitehouse Station NJ 08889 CAPS Cust. Ref. ID Dun & Bradstreet No.	Phone (908)-541-9700	Mailing Agent	Phone ()- -	Prepared For NUI Northwest Division 148 Edison Road Stewartsville NJ 08886 Dun & Bradstreet No.
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PO of Mailing Whitehouse Station NJ	Processing Cat (DMM C050) <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Auto Flats (DMM 820) <input type="checkbox"/> Parcels	Mailing Date 10/9/03	Fed Agcy Cst Cde	Statement Sequence # Rest Mailing 2	Number of Containers 1' MM 3 2' MM 26 2' EMM Flat Trays Sacks Pallets 29
Permit No. 35		Weight of a Single Piece 0.0188 pound	Total Pieces 21,629	Total Weight 406.6252	
For mail enclosed within another class: <input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> Parcel Post					
For Automation Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003		For Automation CR Rate Pcs, Enter Date of Address Matching & Coding (DMM A950.3.0) 9/29/2003			

For Automation Letters	Total From Part A	6,012.8620
For Automation Flats	Total From Part B	
For Nonauto Ltrs, Flts, and Parcels	Total From Part C	
For Auto and Nonauto Cards	Total From Part D	
For Special Svcs and Other Fees	Total From Form 3540-5	
Postmaster: Report total postage in AIC 121.	Total Postage --->	6,012.86
For USPS Use Only: Additional Postage Payment (State reason)		
Postmaster: Report total adjusted postage in AIC 121.	Total Adjusted Postage --->	

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control.

The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation.

I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Signature of Mailer or Agent	Name of Mailer or Agent	Telephone
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Weight of a Single Piece _____ pound	Are figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	Total Weight
Total Postage	If "Yes" Reason:

Check <input type="checkbox"/> Verification One <input type="checkbox"/> Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified	Contact	By (Initials)	Round Stamp (Required)
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rate claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.					
Verifying Employee's Signature	Verifying Employee's Name	Time	AM	PM	

