



## City of Fort Meade

City Hall  
8 West Broadway · P.O. Box 856  
Fort Meade, Florida 33841-0856  
(863) 285-1100 · FAX: (863) 285-1125

July 14, 2014

To whom it may concern:

The City of Fort Meade sold our gas system effective December 2, 2013 to Florida Public Utilities and therefore we have nothing to report on the Regulatory Assessment Fee Return. Please cancel our certificate so we will no longer be required to file this return.

Sincerely,

Trevor Moseley  
Billing Manager

RECEIVED-FPSC  
14 JUL 21 AM 11:01  
COMMISSION  
CLERK

# Gas Municipal or Gas District Regulatory Assessment Fee Return

SEE EM 86  
Total \$444.68

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:

1/1/2014 TO 6/30/2014

GS009-14-G-1-R  
 City of Ft. Meade  
 City Hall  
 P. O. Box 856  
 Ft. Meade, FL 33841-0856 DEPOSIT

JUL 21 2014 4 4 2

FOR PSC USE ONLY

Check # 59656

\$ 25.00 06-01-002  
003001

\$ \_\_\_\_\_ E

\$ \_\_\_\_\_ P 06-01-002

\$ \_\_\_\_\_ I 004011

Postmark Date 7-18-14

Initials of Preparer RR

Please Complete Below If Official Mailing Address Has Changed

Records

\_\_\_\_\_  
 (Name of Utility) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gas Service Revenues	\$ _____
2.	Other Operating Revenues	_____
3.	Other Gas Revenues	_____
4.	<b>TOTAL GROSS REVENUES</b>	\$ _____
5.	Less:	
6.	Sales For Resale	( _____ )
7.	Sales For Electric Generation To Electric Cooperatives, Municipalities, and Investor-Owned Utilities	( _____ )
8.	Revenues Subject to Regulatory Assessment Fee	_____
9.	Regulatory Assessment Fee Rate	0.001919
10.	Regulatory Assessment Fee Due (Line 8 x Line 9)	_____
11.	Penalty For Late Payment (see #3 on back)	_____
12.	Interest For Late Payment (see #3 on back)	_____
13.	Extension Payment Fee (see #4 on back)	_____
14.	<b>TOTAL AMOUNT DUE<sup>(1)</sup></b>	\$ <u>25.00</u>

<sup>(1)</sup>As provided in section 350.113, Florida Statutes, the **Minimum Annual Fee is \$25** (see Item #5 on back)

**THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED**

I, the undersigned owner/officer of the above-named vendor, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 (Signature of Utility Official) Billing Manager (Title) 7-14-14 (Date)

Trevor Moreley  
 (Please Print Name) Telephone Number (863) 285-1100 Fax Number (863) 285-1125

F.E.I. No. 59-6000320