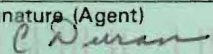
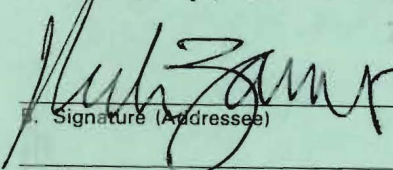


|  |   |   |  |                                     |                                  |   |                              |                                       |   |
|--|---|---|--|-------------------------------------|----------------------------------|---|------------------------------|---------------------------------------|---|
| <b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul> |   | I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.  |  |                                     |                                  |   |                              |                                       |   |
| 3. Article Addressed to:<br><br>Mr. M. Eric Edgington<br>GTE Florida Incorporated<br>Post Office Box 110, MC 7<br>One Tampa City Center<br>Tampa, Florida 33601-0110   |   | 4a. Article Number<br><p style="text-align: center; font-size: 1.2em;">79397</p>  |  |                                     |                                  |   |                              |                                       |   |
|  |   | 4b. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> |  | <input type="checkbox"/> Registered | <input type="checkbox"/> Insured | <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Registered  | <input type="checkbox"/> Insured                        |   |  |                                     |                                  |   |                              |                                       |   |
| <input checked="" type="checkbox"/> Certified  | <input type="checkbox"/> COD                            |   |  |                                     |                                  |   |                              |                                       |   |
| <input type="checkbox"/> Express Mail  | <input type="checkbox"/> Return Receipt for Merchandise |   |  |                                     |                                  |   |                              |                                       |   |
| 5. Signature (Addressee)   |   | 7. Date of Delivery   |  |                                     |                                  |   |                              |                                       |   |
| 6. Signature (Agent)<br>  |   | 8. Addressee's Address (Only if requested and fee is paid)  |  |                                     |                                  |   |                              |                                       |   |
| PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066   |   | <b>DOMESTIC RETURN RECEIPT</b>  |  |                                     |                                  |   |                              |                                       |   |

|  |   |  |  |                                     |                                  |   |                              |  |   |
|--|---|--|--|-------------------------------------|----------------------------------|---|------------------------------|--|---|
| <b>SENDER:</b> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul> |   | I also wish to receive the following services (for an extra fee): <ol style="list-style-type: none"> <li><input type="checkbox"/> Addressee's Address</li> <li><input type="checkbox"/> Restricted Delivery</li> </ol> Consult postmaster for fee.   |  |                                     |                                  |   |                              |  |   |
| 3. Article Addressed to:<br><br>Richard A. Zambo, Esquire<br>598 SW Hidden River Avenue<br>Palm City, FL 34990   |   | 4a. Article Number<br><p style="text-align: center; font-size: 1.2em;">79507</p>   |  |                                     |                                  |   |                              |  |   |
|  |   | 4b. Service Type <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input checked="" type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> |  | <input type="checkbox"/> Registered | <input type="checkbox"/> Insured | <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD | <input checked="" type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Registered  | <input type="checkbox"/> Insured                        |  |  |                                     |                                  |   |                              |  |   |
| <input checked="" type="checkbox"/> Certified  | <input type="checkbox"/> COD                            |  |  |                                     |                                  |   |                              |  |   |
| <input checked="" type="checkbox"/> Express Mail   | <input type="checkbox"/> Return Receipt for Merchandise |  |  |                                     |                                  |   |                              |  |   |
| 5. Signature (Addressee)<br>  |   | 7. Date of Delivery  |  |                                     |                                  |   |                              |  |   |
| 6. Signature (Agent)   |   | 8. Addressee's Address (Only if requested and fee is paid)   |  |                                     |                                  |   |                              |  |   |
| PS Form 3811, November 1990 ☆ U.S. GPO: 1991-287-066   |   | <b>DOMESTIC RETURN RECEIPT</b>   |  |                                     |                                  |   |                              |  |   |

930000 -PU

M E M O R A N D U M

OCTOBER 4, 1993

TO: MARY BANE, DEPUTY EXECUTIVE DIRECTOR/TECHNICAL  
FROM: TIM DEVLIN, DIRECTOR, DIVISION OF AUDITING & FINANCIAL ANALYSIS  
RE: CONFIDENTIAL RECORDS ACCESS

197

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I request that authority be given Beth Salak for automatic access (as with any Director) to confidential records.

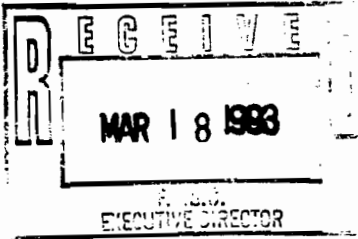
Beth is delegated the authority to perform any matters relating to the operations of this division; and it would prove counter-productive to request access for each case with confidential classification.

Mary Andrews Bane  
Approved  
Mary Bane, Deputy Executive Director/Technical

10/6/93  
Date

TD:jmw

DOCUMENT NO  
13070-94



930000-PU

MEMORANDUM

March 18, 1993

FPSC, CLK - CORRESPONDENCE

Administrative Parties Consumer

DOCUMENT NO. 13070-94

DISTRIBUTION: \_\_\_\_\_

TO: William D. Talbott, Executive Director

FROM: Tim Devlin, Director Auditing and Financial Analysis *TD*

RE: Confidential Audit Workpapers

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This memo requests that Denise Vandiver be authorized to have access to the audit workpapers for which the utilities request confidential status. As the Bureau Chief of Auditing, she is working with the attorneys and other staff to process these requests and when appropriate to return these documents to the utilities. APM section 11.04 Page 13 requires approval by the Deputy Executive Director/Tech. for staff, other than those assigned to the docket and other specified persons, to have access to confidential information. Denise is aware of the APM, SOP, Commission rules and statutes which apply to confidential information and I request that she be granted access to those cases where confidential information is included in the audit workpapers.

*Tim* *CD*

*3/18/93*

*WDZ*

*cc: Talbott*