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FILE COPY**

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June 27, 1995

Ms. Blanca S. Bayo, Director  
Division of Records and Reporting  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida 32399-0850

**HAND DELIVERY**

RE: Docket No. 950387-SU  
Application of FLORIDA CITIES WATER COMPANY, North  
Ft. Myers Division, for an increase in wastewater rates in Lee County,  
Florida

Dear Ms. Bayo:

Enclosed for filing in the above docket, on behalf of Florida Cities Water Company, North Ft. Myers Division, is an original and fifteen (15) copies of an Affidavit for the Notice of Customer Meeting which was mailed on 6/22/95 to the customers of the North Ft. Myers Division.

Please acknowledge receipt of the foregoing by stamping the enclosed extra copy of this letter and returning same to my attention. Thank you for your assistance.

Very truly yours,

*Wayne L. Schiefelbein*  
Wayne L. Schiefelbein

EK  \_\_\_\_\_  
FA 2 \_\_\_\_\_  
PP \_\_\_\_\_  
JAF \_\_\_\_\_  
DMU \_\_\_\_\_  
CTR \_\_\_\_\_ WLS/meg  
EAG \_\_\_\_\_ Enclosures  
LEG 1 \_\_\_\_\_  
LIN 3 \_\_\_\_\_  
OPC \_\_\_\_\_  
RCH \_\_\_\_\_  
SEC 1 \_\_\_\_\_  
WAS Willis \_\_\_\_\_  
OTH \_\_\_\_\_

RECEIVED & FILED  
*ms*  
FPSC-BUREAU OF RECORDS

DOCUMENT NUMBER-DATE

05997 JUN 27 95

FPSC-RECORDS/REPORT 00291

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application of )  
FLORIDA CITIES WATER COMPANY )  
North Ft Myers Division, )  
Wastewater Operations, for an )  
increase in Wastewater Rates )  
in Lee County, Florida )  
\_\_\_\_\_ )

Docket No. 950387-SU

A F F I D A V I T

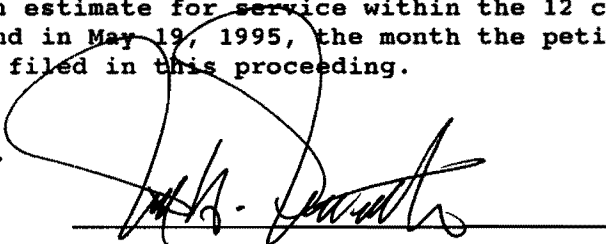
STATE OF: FLORIDA

COUNTY OF: SARASOTA

BEFORE ME, the undersigned authority, duly authorized by law to administer oaths and to take acknowledgments, on this day personally appeared Paul H. Bradtmiller, who, after being duly sworn on oath, deposes and says:

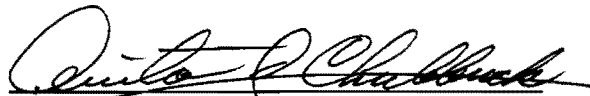
1. That the Affiant has personal knowledge of the matters set forth herein;
2. That on June 22, 1995, a copy of the Notice attached hereto was sent by regular U.S. Mail to all customers of record within the service areas of Florida Cities Water Company, North Ft. Myers Division and to all persons in the same service areas who have filed a written request for service or who have been provided a written estimate for service within the 12 calendar months prior to and in May 19, 1995, the month the petition for rate increase was filed in this proceeding.

FURTHER AFFIANT SAYETH NOT.

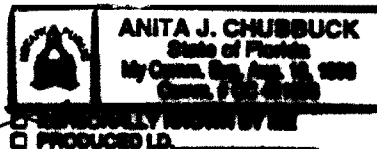


Paul H. Bradtmiller  
Executive Vice President  
Florida Cities Water Company

SWORN TO and SUBSCRIBED BEFORE me on this 22<sup>nd</sup> day of June, 1995.



NOTARY PUBLIC  
State of Florida at large  
My Commission Expires:



DOCUMENT NUMBER-DATE

05997 JUN 27 95

FPSC-RECORDS/REPORTING 00292

June 22, 1995

**BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION**

In re: Application of Florida Cities Water )  
Company, North Ft. Myers Division, for )  
an Increase in Wastewater Rates in )  
Lee County, Florida )

Docket No: 950387-SU

**NOTICE OF CUSTOMER MEETING**

NOTICE IS HEREBY GIVEN that the Staff of the Florida Public Service Commission will hold a customer meeting regarding the application of Florida Cities Water Company, North Ft. Myers Division (Applicant), for increased rates and charges for wastewater service, at the following time, date, and location:

6:30 p.m. - 8:30 p.m., Wednesday, July 12, 1995  
Mariner's Inn Restaurant  
3448 Marinatown Lane  
Nort Ft. Myers, Florida 33903

**PURPOSE**

The purpose of the meeting is for the Applicant's customers to provide sworn testimony concerning the quality of service provided by Applicant and such other matters as may pertain to Applicant's application for increased rates and charges.

**JURISDICTION**

The Florida Public Service Commission is vested with jurisdiction over this matter by virtue of Chapter 367, Florida Statutes. The meeting will be held in accordance with such Chapter and with Chapters 9, 22, and 30, Florida Administrative Code.

This Notice was prepared by Florida Cities Water Company and approved by the Staff of the Florida Public Service Commission.

00293

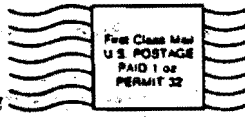
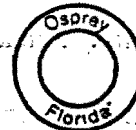
**FLORIDA CITIES WATER COMPANY**

7401 College Parkway

P.O. Box 6549

Fort Myers, Florida 33911

813/936-0247



FIRST CLASS PRESORTED

**NOTICE OF EMPLOYER MEETING**

THE BOARD OF DIRECTORS  
OF THE FLORIDA CITIES WATER COMPANY  
HEREBY NOTICE IS GIVEN TO THE  
EMPLOYEES OF THE COMPANY THAT A  
MEETING OF THE BOARD OF DIRECTORS  
WILL BE HELD AT THE COMPANY'S HEADQUARTERS  
ON WEDNESDAY, APRIL 15, 1992, AT 10:00 A.M.

00294

Statement of Mailing With Permit Imprints First-Class Mail

(For Priority Mail, Use Form 3605-R)

FCWC - N. Ft Myers Rate Case

Wastewater - Dkt 950387-SU

*North St. Myers*

PSC Notice of Customer Meeting (7/12/95)

MAILER: Complete all items by typewriter, pen, or indelible pencil. Use Form 3606 if you need a receipt.

Mailer's Information	Post Office of Mailing <i>Osprey, FL</i>	Date <i>10-22-95</i>	Processing Category <input type="checkbox"/> Letters (DMM C050) <input type="checkbox"/> Flats (DMM C050) <input type="checkbox"/> Automation-Compatible Flats (DMM C820) <input type="checkbox"/> Irregular Parcels (DMM C050)		USPS Authorized Mailing ID Code(s)			
	Permit No. <i>32</i>	Federal Agency Cost Code	Mailing Statement Seq. No.					
	Permit Holder's Name & Address (Include ZIP Code) <i>Quincy Gate Co 2140 Gulf Gate Cir Sarasota FL 34231</i>	Telephone Number <i>951-5309</i>	Receipt No. <i>2044</i>	No. Sacks		No. Trays <i>3</i>	No. Pallets	No. Other
	CTAS Cust. Ref. ID		Weight of a Single Piece _____ pounds	Total Pieces in Mailing <i>5609</i>		Total Weight of Mailing <i>30-4</i>	Barcoded Flats Sacking Based On (DMM M829) <input type="checkbox"/> 125 pcs. <input type="checkbox"/> 15 lbs.	
	Name & Address of Individual or Organization for Which Mailing is Prepared (If other than the permit holder)		Name and Address of Mailing Agent (If other than the permit holder)			Check All That Apply <input type="checkbox"/> Centralized Postage Payment <input type="checkbox"/> Plant loaded to <input type="checkbox"/> BMAU Entry at <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. A / O ZIP _____ <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. SCF 3D ZIP _____ <input type="checkbox"/> Orig. <input type="checkbox"/> Dest. ADC _____		

Postage Computation	<input checked="" type="checkbox"/> For mailings of automation-compatible letter-size pieces (see DMM C810), other than cards, go to Part A on the reverse of this form.	Postage (From Reverse Side)	Part A	\$
	<input checked="" type="checkbox"/> For mailings of non-automation-compatible letter-size pieces (see DMM C050), other than cards, weighing .6875 lb. (11 ounces) or less, go to Part B on the reverse of this form.		Part B	\$
	<input checked="" type="checkbox"/> For mailings of non-letter-size pieces (see DMM C050), other than cards, or of automation-compatible flats (see DMM C050), weighing .6875 lb. (11 ounces) or less, go to Part C on the reverse of this form.		Part C	\$ <i>429.86</i>
	<input checked="" type="checkbox"/> For mailings of postal cards and postcards (see DMM E100), go to Part D on the reverse of this form.		Part D	\$
<input type="checkbox"/> Additional Postage Payment (State reasons) <input type="checkbox"/> Special Service (Specify)		No. Pieces	Rate/Fee Per Pc. = \$	
<b>Total Postage</b>			<b>\$ <i>429.86</i></b>	

Certification	*The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and both the mailer and the agent will be liable for and agree to pay any deficiencies.)	
	The submission of a false, fictitious, or fraudulent statement may result in imprisonment of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).	
	I hereby certify that all information furnished on this form is accurate and truthful, that this mailing meets all applicable CASS/MASS standards for address and barcode accuracy, and that the material presented qualifies for the rates of postage claimed.	
*Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred) <i>[Signature]</i>		Telephone Number <i>951-5309</i>

USPS Use Only	Single-Piece Weight _____ pounds	Are the figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Total Pieces _____ Total Weight _____	If "Yes," Reason _____		
	Total Postage _____	Date Mailer Notified _____ Contact _____ By (Initials) _____		
	Check One <input type="checkbox"/> Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	I CERTIFY that this mailing has been inspected concerning: (1) eligibility for the rate of postage claimed; (2) proper preparation (and presort where required); (3) proper completion of the statement of mailing; and (4) payment of the required annual fee.		
	Signature of Weigher _____	Time _____ AM _____ PM	Round Stamp (Required)  <b>00295</b>	

Postage Computation

Presort / Automation Discounts	Net Rate	Count (Pcs)	Charge	Presort / Automation Discounts	Net Rate	Count (Pcs)	Charge
<b>A Automation-Compatible Letter (DMM C810)</b>				<b>B Non-Automation-Compatible Letter .6875 lb. (11 oz.) or less</b>			
Barcoded (5-Digit)		x _____	pcs. = \$ _____	Carrier Route		x _____	pcs. = \$ _____
Barcoded (3-Digit)		x _____	pcs. = \$ _____	Presorted First-Class		x _____	pcs. = \$ _____
ZIP+4 Presort		x _____	pcs. = \$ _____	Single-Piece Rate		x _____	pcs. = \$ _____
Nonpresorted ZIP+4		x _____	pcs. = \$ _____	Nonstandard Surcharge (If Applicable)			
Carrier Route		x _____	pcs. = \$ _____	Presort First-Class and Carrier Route	.05	x _____	pcs. = \$ _____
Presorted First-Class		x _____	pcs. = \$ _____	Single-Piece Rate	.11	x _____	pcs. = \$ _____
Single-Piece Rate		x _____	pcs. = \$ _____				

Total — Part A (Carry to front of form) \$ \_\_\_\_\_ Total — Part B (Carry to front of form) \$ \_\_\_\_\_

<b>C Check One: <input type="checkbox"/> Automation-Compatible Flat (DMM C050) <input type="checkbox"/> Other Nonletter — .6875 lb. (11 oz.) or less</b>				<b>D Postal Cards and Postcards</b>			
ZIP+4 Barcoded* (3/5-Digit)		x _____	pcs. = \$ _____	ZIP+4 Barcoded* (5-Digit)	.163	x _____	pcs. = \$ _____
ZIP+4 Barcoded* (Nonpresorted)		x _____	pcs. = \$ _____	ZIP+4 Barcoded* (3-Digit)	.170	x _____	pcs. = \$ _____
Carrier Route		x _____	pcs. = \$ _____	ZIP+4 Barcoded* (Nonpresorted)	.186	x _____	pcs. = \$ _____
Presorted First-Class	2283	x 274	pcs. = \$ 625.54	ZIP+4 Presort*	.173	x _____	pcs. = \$ _____
Single-Piece Rate	326	x 32	pcs. = \$ 104.32	Nonpresorted ZIP+4*	.189	x _____	pcs. = \$ _____
Nonstandard Surcharge (If Applicable)				Carrier Route	.160	x _____	pcs. = \$ _____
3/5-Digit ZIP+4 Barcoded, Presorted First-Class, and Carrier Route	.05	x _____	pcs. = \$ _____	Presorted First-Class	.179	x _____	pcs. = \$ _____
Nonpresorted ZIP+4 Barcoded and Single-Piece Rate	.11	x _____	pcs. = \$ _____	Single-Piece Rate	.200	x _____	pcs. = \$ _____
				Nonstandard Surcharge (If Applicable)			
				Presorted First-Class and Carrier Route	.05	x _____	pcs. = \$ _____
				Single-Piece Rate	.11	x _____	pcs. = \$ _____

\* Available only for Automation-Compatible Flats (DMM C820) \* Available only for Automation-Compatible Cards (DMM C820)

Total — Part C (Carry to front of form) \$ 729.86 Total — Part D (Carry to front of form) \$ \_\_\_\_\_

00296