## APPLICATION FOR MEANDFATHER CHESCAPICATION DSIT TREAS. REC. DATE

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(Pursuant	to	Section	367.171,	Florida	SUSTREE)
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certi utili	Florida Public Sc 2540 Shumard Oak Tallahassee, Flor The undersigned ficate(s) to open	hereby makes rate a water	application for	DOCK
PART	I APPLICANT I	TORNATION .		
-	A) The full and address and PARK WATER COMP. Name of utility		ears on the cert	ificate),
	<u>-</u>			
	<u>( 941 ) 638-1285</u> Phone No		11 ) 678-9824 Fax No.	
			1 444	(c)
	25 PIRST AVE. N Office street a			<u> </u>
	Office Street a	(ddf 492		
	LAKE WALES	FIORIDA	33853	
	City	State	Zip Code	- 477
				, ,
	Mailing address	if different from	m street address	4 %
	-			5.
	Internet addres	s if applicable	<del></del>	<del></del>
	_ Internet addres	s ii appiicable		
	contact con	ddress and telephonicerning this appl	one number of the pication:	person to
	KEVIN EGAN		()941-6	381285
1	Name		Phone No.	
	25 PIRST AVE. N	197U		
	Street address			
	LAKE WALES	FIORIDA	33853	
L	City	State	Zip Code	

#APSC/WAW 14 (Rev. 8/95)

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DOCUMENT NOS PRODATE

(Pursuant to Section 367.171, Florida Statute)

OCT 2 3 '96'

DATE

To:	Director, Division of Records and Report Florida Public Service Commission	ing
	2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850	

Internet address if applicable

The	undersigned	hereby	makes	applic	ation	for	original
	te(s) to opera			X	Plorida	and	submits
the follow	wing informat	ion:					

## APPLICANT INFORMATION PART I

PARK MATER C	THERENY THE		
Name of util			
( 941 ) 63 <del>8-</del> 1	285 ( 94	11 ) 678-9824	
Phone	No.	Fax No.	
25 PIRST AVE			<u>ئ</u> ئ
office stree	t address		r:
LAKE WALES	FIORIDA	33853	1
City	State	Zip Code	
			. '음
Mailing addr	ess if different from	street address	

B) The name, address and telephone number of the person to

CROOKED LAKE PARK WATER COMPANY 2-00 25 - 1ST AVE., N. PH. 941-939-1205 LAKE WALES, FL \$3963	4482
PAY TO THE ONDER OF EL. Public Service Commission S. I.	-
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FOR To Restore Chi 446/.  FOR To Restore Chi 446/.  FOR To Restore Chi 446/.  FPSC-RECORD!	,/REPORTING