APPLICATION FOR GRANDFATHER CERTIFICATION

(Pursuant to Section 367.171, Florida Statutes)

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

9461226-WW

The undersigned hereby makes application for original certificate(s) to operate a water __x__ ~~and/or wastewater~~ utility in ___POLK___ County, Florida, and submits the following information:

PART I   APPLICANT INFORMATION

A) The full name (as it appears on the certificate), address and telephone number of the applicant:

___PARK WATER COMPANY INC.___
Name of utility

(941) 638-1285   (941) 678-9824
    Phone No.   Fax No.

___25 FIRST AVE. NORTH___
Office street address

___LAKE WALES___   ___FLORIDA___   ___33853___
City   State   Zip Code

_____ Mailing address if different from street address

_____ Internet address if applicable

ACK _____
AFA _____
API _____
CAF _____

B) The name, address and telephone number of the person to contact concerning this application:

___KEVIN EGAN___   ( )941-6381285
Name   Phone No.

___25 FIRST AVE. NORTH___
Street address

___LAKE WALES___   ___FLORIDA___   ___33853___
City   State   Zip Code

PSC/WAW 14 (Rev. 8/95)

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City   State   Zip Code

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