

UNCLASSIFIED
F.N.E. COPY

LAW OFFICES

MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.

ONE INDEPENDENT DRIVE - SUITE 3000
JACKSONVILLE, FLORIDA 32202

MAILING ADDRESS:
POST OFFICE BOX 59
JACKSONVILLE, FLORIDA 32201
TELEPHONE (904) 354-2050
TELECOPIER (904) 354-5842

SHARON ROBERTS HENDERSON
BARBARA CHRISTIE JOHNSTON
WILHELMINA F. KIGHTLINGER
MYRA LOUGHRAN
RALPH H. MARTIN
ROBERT O. MICKLER
JOHN D. MILTON, JR.
DANIEL S. NUNN, JR.
SCOTT S. SCHILBERG
GARY L. WILKINSON
L. PETER JOHNSON (1942-1988)

JAMES L. ADE
LYNDA R. AYCOCK
W. G. BIRCHFIELD
TIMOTHY A. BURLEIGH
CHARLES L. CRANFORD
PHILLIP A. DELMONT
STEPHEN H. DURANT
T. WILLIAM GLOCKER
MICHAEL E. GOODBREAD, JR.
STEPHEN D. HALKER

November 20, 1996

VIA FEDERAL EXPRESS

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

RE: Application by United Water Florida Inc. For Adjustment
of Rates, Docket No. 960451-WS, ("Application")

Dear Ms. Bayo:

In connection with the above-referenced matter, please find enclosed for filing an original and seven copies of a Notice of Filing Affidavit on behalf of United Water Florida Inc. Please file the original and distribute the copies in accordance with your usual procedures.

If you have any questions or comments regarding this matter, please do not hesitate to call.

Sincerely yours,

Scott G. Schildberg

- ACK _____
- AFA 1 SGS/msa
- APP _____ Enclosures
- CAF _____ cc: Mr. David E. Chardavoyne
- CMU _____ Mr. Walton F. Hill
- CTR _____ Mr. Robert J. Iacullo
- EAG _____ Mr. Richard A. Hensch
- LEG 1 Mr. Frank J. McGuire
- LIN 5 Mr. Munipalli Sambamurthi
- OPC _____ Mr. James L. Ade
- RCH _____
- SEC 1
- WAS _____
- OTH _____

NOV 21 10 03 AM '96

RECEIVED

DOCUMENT NUMBER-DATE

12477 NOV 21 96

FPSC-RECORDS/REPORTING

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

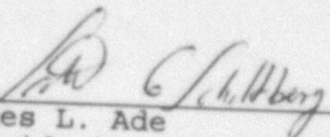
In re: Application of United Water) DOCKET NO.: 960451-WS
Florida Inc. for Rate Adjustment) Date Submitted for
_____) Filing: November 20, 1996

Notice of Filing Affidavit

United Water Florida Inc. ("United Water Florida"), by and through its undersigned attorneys, hereby files the Affidavit of Munipalli Sambamurthi in connection with the mailing of the Notice of Interim Rate Increase to the Customers of United Water Florida Inc. Said Affidavit is attached as Exhibit 1.

Dated this 20th day of November, 1996.

Respectfully submitted,
MARTIN, ADE, BIRCHFIELD &
MICKLER, P.A.

By: 
James L. Ade
Florida Bar No. 0000460
Scott G. Schildberg
Florida Bar No. 0613990
3000 Independent Square
Jacksonville, FL 32202
Telephone: (904) 354-2050

Attorneys for United Water
Florida Inc.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that the original and seven copies of the Notice of Filing Affidavit has been furnished by Federal Express this 26 th day of November, 1996 to Blanca Bayo, Director, Division of Records and Reporting, Florida Public Service Commission, 2450 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, and a copy of the foregoing has been furnished to Rosanne G. Capeless, Attorney for the Staff of the Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, and to Harold McLean, Esquire, Office of Public Counsel, c/o The Florida Legislature, 111 W. Madison Street, Room 812, Tallahassee, Florida 32399-1400, by U.S. Mail, this 26 th day of November, 1996.



Attorney

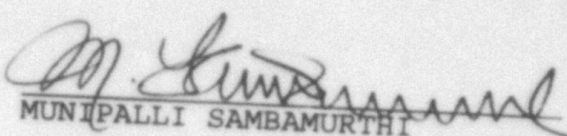
AFFIDAVIT OF MAILING
CUSTOMER NOTICE OF INTERIM RATE INCREASE
BY UNITED WATER FLORIDA INC.

STATE OF FLORIDA)
)SS
COUNTY OF DUVAL)

BEFORE ME, the undersigned authority, this day personally appeared MUNIPALLI SAMBAMURTHI, who, after being by me first duly sworn, deposes, and says that:

1. My name is Munipalli Sambamurthi, and I am the Vice President of United Water Florida Inc.
2. I am over the age of eighteen, of sound mind, capable of making this Affidavit, and I am fully competent to testify to the matters stated herein.
3. As Vice President of United Water Florida Inc., I have actual knowledge of the facts and representations set forth in this Affidavit.
4. I caused copies of the Notice of Interim Rate Increase to the Customers of United Water Florida Inc. ("Customer Notice"), printed envelopes, and a list of the names and addresses of the customers of United Water Florida Inc. to be delivered to Alexander's Direct Mail Service.
5. That on or about November 12, 1996, I caused copies of the Customer Notice to be mailed to the customers of United Water Florida Inc. as shown in the Affidavit of Alice Alexander attached hereto as Exhibit A.

FURTHER AFFIANT SAYETH NOT.

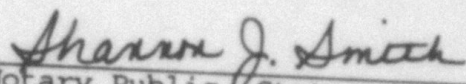

MUNIPALLI SAMBAMURTHI

Sworn to and subscribed before me this 19th day of November 1996, by MUNIPALLI SAMBAMURTHI, who

- () is personally known to me
- () produced a Florida Driver's License as identification # _____



SHANNON J. SMITH
My Comm Exp 2/06/99
Bonded By Service Ins
No. 2C661892
Personally Known Other


Notary Public, State of Florida
Printed: SHANNON J. SMITH
My Commission Expires: _____
Commission No.: _____

STATE OF FLORIDA
COUNTY OF DUVAL

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared ALICE ALEXANDER, who is being by me first duly sworn, deposes and says:

1. That she is an officer of Alexander's Direct Mail Service.
2. That she is over the age of eighteen, of sound mind, capable of making this Affidavit, and is fully competent to testify to the matters stated herein.
3. That as an officer of Alexander's Direct Mail Service, she has actual knowledge of the facts and representations set forth in this Affidavit.
4. That she received on behalf of United Water Florida Inc. copies of the Notice of Interim Rate Increase to the Customers of United Water Florida Inc. ("Customer Notice"), a copy of which is attached hereto as Schedule 1, printed envelopes, and a list of the names and addresses which were identified by representatives of United Water Florida Inc. as the names and addresses of the customers of United Water Florida Inc.
5. That on November 12, 1996, she caused to be delivered to a United States Postal Office for mailing copies of the Customer Notice addressed to each of such customers and received from the United States Post Office a Statement of Mailing with Permit Imprints dated November 12, 1996, a copy of which is attached hereto as Schedule 2.

FURTHER AFFIANT SAYETH NOT.

Alice T Alexander
ALICE ALEXANDER

Sworn to and subscribed before me this 15th day of Nov., 1996, by ALICE ALEXANDER, who

() is personally known to me
() produced a Florida Driver's License as identification # A425-025-43-971-0

Shari L Zalesky
Notary Public, State of Florida
Printed: Shari L. Zalesky
My Commission Expires: _____
Commission No.: _____



SHARI L. ZALESKY
My Commission CC421816
Expires Dec. 18, 1998
Bonded by ANB
800-852-8878

Notice of Interim Rate Increase to the Customers of
United Water Florida Inc.
Docket No. 960451-WS
Dated: November 12, 1996

Dear Customer:

On October 29, 1996, the Florida Public Service Commission (the "Commission") approved interim rates for United Water Florida Inc. ("United Water Florida") in connection with the Application of United Water Florida for a Rate Adjustment in Duval, Nassau, and St. Johns Counties, Florida ("Application"). A schedule showing the Commission approved interim rates, together with United Water Florida's present rates, proposed interim rates, and proposed final rates is set forth on the reverse side of this notice. The interim rates will be effective for service rendered on or after the Commission's stamped approval date on United Water Florida's tariff sheets.

Pursuant to Section 367.082, Florida Statutes, these interim rates are authorized in order to allow the utility the opportunity to earn the minimum of the range of its rate of return as described in that statutory section. These rates are placed into effect subject to refund with interest of any such portion of these rates which may be found by the Commission to be disallowed after the final hearing. The final hearing will be held in the Jacksonville area on January 27-31, 1997. The Commission's decision on the final rates is scheduled for consideration at the Commission's Agenda Conference on April 29, 1997.

United Water Florida's business hours are Monday through Friday, 8:00 a.m. through 4:30 pm. If you have any questions, please call United Water Florida at (904) 725-2865 or write United Water Florida at 1400 Millcoe Road, Jacksonville, Florida 32239.

Written customer comments concerning United Water Florida's water and wastewater utility service and United Water Florida's request for a rate increase also may be addressed to the Director of the Division of Records and Reporting, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850, with a courtesy copy to James L. Ade, Attorney, Martin, Ade, Birchfield & Mickler, 3000 Independent Square, Jacksonville, Florida 32202. All comments should include references to Commission Docket No. 960451-WS, which has been assigned to this case. You may also call the Commission's Division of Consumer Affairs at the following toll-free number: 1-800-342-3552.

WATER SERVICE RATES
Residential Service (Quarterly Rates)

Meter Size	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Base Facility Charges	Base Facility Charges	Base Facility Charges	
5/8"	\$ 14.62	\$ 15.90	\$ 20.52	\$ 18.93
3/4"	\$ 20.50	\$ 22.30	\$ 28.78	\$ 22.33
1"	\$ 32.22	\$ 35.04	\$ 45.23	\$ 35.10
1 1/2"	73.26	\$ 79.68	\$ 102.85	\$ 79.81
2"	143.68	\$ 156.27	\$ 201.71	\$ 156.51
Galtonage Charge		\$ 1.12	\$ 1.45	\$ 1.11
per 1,000 Gallons	\$ 1.03	\$ 0.84	\$ 1.08	\$ 0.83
per 100 cubic feet	\$ 0.77			

General Service (Monthly Rates)

Meter Size	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Base Facility Charges	Base Facility Charges	Base Facility Charges	
5/8"	\$ 6.79	\$ 7.38	\$ 9.53	\$ 7.40
3/4"	\$ 8.75	\$ 10.68	\$ 13.79	\$ 9.53
1"	\$ 12.65	\$ 18.95	\$ 24.46	\$ 13.78
1 1/2"	\$ 26.36	\$ 42.63	\$ 55.03	\$ 28.71
2"	\$ 49.82	\$ 75.83	\$ 97.88	\$ 54.27
3"	\$ 131.93	\$ 170.58	\$ 220.19	\$ 143.72
4"	\$ 339.26	\$ 303.18	\$ 391.35	\$ 369.55
6"	\$ 382.27	\$ 682.32	\$ 880.75	\$ 416.40
8"	\$ 4,258.31	\$ 1,212.72	\$ 1,565.40	\$ 4,638.54
Galtonage Charge		\$ 1.12	\$ 1.45	\$ 1.11
per 1,000 Gallons	\$ 1.03	\$ 0.84	\$ 1.08	\$ 0.83
per 100 cubic feet	\$ 0.77			

Private Fire Protection (Monthly Rates)

Size of Service Connection	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Monthly Rate Per Connection	Monthly Rate Per Connection	Monthly Rate Per Connection	
2"	\$ 13.31	\$ 6.32	\$ 6.87	\$ 14.50
3"	\$ 23.74	\$ 14.21	\$ 15.45	\$ 25.86
4"	\$ 35.42	\$ 25.26	\$ 27.47	\$ 38.58
6"	\$ 67.99	\$ 56.86	\$ 61.84	\$ 74.06
8"	\$ 107.09	\$ 101.06	\$ 109.91	\$ 116.65
10"	\$ 152.64	\$ 157.95	\$ 171.79	\$ 166.27
12"	\$ 217.57	\$ 227.43	\$ 247.35	\$ 236.99

WASTEWATER SERVICE RATES
Residential Service (Quarterly Rates)

Water Meter Size	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Base Facility Charges	Base Facility Charges	Base Facility Charges	
5/8"	\$ 27.57	\$ 28.86	\$ 36.62	\$ 27.75
3/4"	\$ 27.57	\$ 28.86	\$ 36.62	\$ 27.75
1"	\$ 27.57	\$ 28.86	\$ 36.62	\$ 27.75
1 1/2"	\$ 27.57	\$ 28.86	\$ 36.62	\$ 27.75
Unmetered account (No quantity charge)	\$ 88.07	\$ 92.18	\$ 116.99	\$ 88.64
Quantity Charge		\$ 3.14	\$ 3.98	\$ 3.02
per 1,000 gallons	\$ 3.00	\$ 2.35	\$ 2.98	\$ 2.26
per 100 cubic feet (Maximum gallonage charge - 30,000 gallons of water or 4,000 cubic feet of water per quarter)	\$ 2.24			

General Service - Standard (Monthly Rates)

Water Meter Size	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Base Facility Charges	Base Facility Charges	Base Facility Charges	
5/8"	\$ 10.48	\$ 10.97	\$ 13.92	\$ 10.55
3/4"	\$ 14.50	\$ 15.87	\$ 20.14	\$ 14.59
1"	\$ 23.29	\$ 28.14	\$ 35.72	\$ 23.44
1 1/2"	\$ 53.19	\$ 63.33	\$ 80.38	\$ 53.54
2"	\$ 104.45	\$ 112.59	\$ 142.89	\$ 105.14
3"	\$ 283.94	\$ 253.39	\$ 321.58	\$ 285.80
4"	\$ 736.83	\$ 450.35	\$ 571.54	\$ 741.66
6"	\$ 830.84	\$ 1,013.44	\$ 1,286.16	\$ 836.28
8"	\$ 9,299.45	\$ 1,801.28	\$ 2,286.01	\$ 9,360.35
Unmetered Accounts (No quantity charges)	\$ 30.61	\$ 31.71	\$ 40.25	\$ 30.81
Quantity Charge		\$ 3.14	\$ 3.98	\$ 3.02
per 1,000 Gallons of water	\$ 3.00	\$ 2.35	\$ 2.98	\$ 2.26
per 100 cubic feet of water	\$ 2.24			

General Service - Jacksonville University (Monthly)

Wastewater Meter Size	Present Rates	Utility		Commission Approved Interim Rates
		Proposed Interim Rates	Proposed Final Rates	
	Base Facility Charges	Base Facility Charges	Base Facility Charges	
3"	\$ 263.94	\$ 297.19	\$ 377.17	\$ 285.80
4"	\$ 736.83	\$ 771.21	\$ 978.76	\$ 741.66
6"	\$ 830.84	\$ 869.61	\$ 1,103.64	\$ 836.28
Quantity Charge		\$ 3.90	\$ 4.95	\$ 3.75
per 1,000 Gallons of wastewater flows	\$ 3.73	\$ 2.93	\$ 3.72	\$ 2.82
per 100 cubic feet of wastewater flows	\$ 2.80			

**Postage Statement -- Standard Mail (A)
(Other Than Nonprofit) -- Permit Imprint**

PO of Mailing JACKSONVILLE FL		Date 11/11/96	Processing Category		USPS Authorized Mailing ID Code(s)		
Permit No. 842	Federal Agency Cost Code	Mailing Stmt Seq # UNITEDWATU3537	Letters (DMM C050)				
Permit Holder ALEXANDER'S DIRECT MAIL SERVICES 6956 PHILLIP'S PKWY DR N JACKSONVILLE FL 32256-1593		Phone 1-(904)-262-6572	Receipt		Prepared Under DMM M810 (Automation letters)		
Cust No.	CTAS ID	Weight of a Single Piece 0.0250 lbs		If Sacking. Based on:			
Name & Address of Individual or Organization for Which Mailing is Prepared UNITED WATER FLORIDA, INC 1400 MILLCOE RD JACKSONVILLE FL 32225		Name and Address of Mailing Agent (if other than the permit holder)			<p style="text-align: center; font-size: 2em;">Customer's Copy</p>		
Cust No. (D&B)		Cust No (D&B)					
Part B DSCP 3/5 Letter		0.191 x	6,599 pcs=	1,260.409	Part A	\$	0.000
DSCP Basic Letter		0.238 x	34 pcs=	8.092	Part B	\$	1,268.501
Additional postage payment		Total Pieces in mailing 6,633		Total Weight of mailing 165.8250 lbs	Part C	\$	0.000
Is applicable bulk per-piece rate affixed to each piece?		Pieces		Rate	Part D	\$	0.000
				\$		\$	0.000

Total Postage \$ 1,268.50

For Enclosed Reply Pieces (Automation rate only): I certify that any business reply or courtesy reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing ident mark (FIM) and barcode under DMM C810.
For ZIP Codes (Regular nonautomation rate only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

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 that both the mailer and the agent will be liable for and agree to pay any deficiencies.)

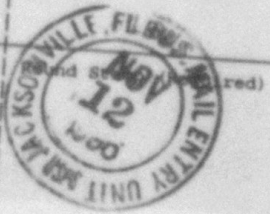
The submission of a false, fictitious or fraudulent statement may result in imprisonment up to 5 years and a fine up to \$10,000 (18 USC 1001). In addition, a civil penalty up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

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):		Telephone Number 1-(904)-262-6572
Single Pc Wt _____ pounds	Are figures at left adjusted from mailer's entries?	Yes No
Total Pieces	If "Yes" Reason:	
Total Weight		
Total Postage		
Check One <input type="checkbox"/> Verification Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified
		Contact
		By (Initials)

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Signature of Mailer	Time 9:00 AM
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Postage Statement -- Standard Mail (A)
Other Than Nonprofit) -- Permit Imprint

Office of Mailing JACKSONVILLE FL		Date <u>11/22/96</u>	Processing Category	USPS Authorized Mailing ID Code(s)
Permit No. 842	Federal Agency Cost Code	Mailing Stat Seq # UNITEDWATA3537	Letters (DMM C050)	
Permit Holder	Phone 1-(904)-262-6572	Receipt		
ALEXANDER'S DIRECT MAIL SERVICES 6956 PHILLIP'S PKWY DR N JACKSONVILLE FL 32256-1543		31 2-ft 9 1-ft Trays Weight of a Single Piece 0.0250 lbs		Prepared Under DMM: MS10 (Automation letters)
Post No. CTAS ID	Total Pieces in mailing 20,552		Total Weight of mailing 513.8000 lbs	If Sacking, Based on:
Name & Address of Individual or Organization or Which Mailing is Prepared UNITED WATER FLORIDA, INC 1400 MILLCOE RD JACKSONVILLE FL 32225		Name and Address of Mailing Agent (if other than the permit holder)		CUSTOMER'S COPY
Cust No. (D&B)		Cust No. (D&B)		
Part A DSCP 5-Digit Letter 0.137 x 19,188 pcs= 2,628.756		Part B DSCP 3-Digit Letter 0.157 x 1,364 pcs= 214.148		
Additional postage payment		Pieces		Part A \$ 2,842.904
Is applicable bulk per-piece rate affixed to each piece?		Total Postage \$ 2,842.90		Part B \$ 0.000
				Part C \$ 0.000
				Part D \$ 0.000
				Rate \$ 0.000

For Enclosed Reply Pieces (Automation rate only): I certify that any business reply or courtesy reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing ident mark (FIM) and barcode under DMM C810.
For ZIP Codes (Regular nonautomation rate only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

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 that 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 up to 5 years and a fine up to \$10,000 (18 USC 1001). In addition, a civil penalty 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 MASS/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) [Signature] Telephone Number 1-(904)-262-6572

Single Pc Wt 022 L pounds Are figures at left adjusted from mailer's entries? Yes No

Total Pieces 20,552 Total Weight 451.6
If "Yes" Reason:

Total Postage \$ 2842.90

Check One Verification Not Scheduled Presort Verification performed as Scheduled Date Mailer Notified Contact By (Initials)

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Signature of Weigher [Signature] Time AM PM



Postage Statement -- Standard Mail (A)
(Other Than Nonprofit) -- Permit Imprint

PO of Mailing JACKSONVILLE FL

Permit No. 842	Federal Agency Cost Code	Date 11/11/96	Processing Category	USPS Authorized Mailing ID Code(s)
Permit Holder	Phone 1-(904)-262-6572	Mailing Stat Seq # UNITEDWATU3537	Letters (DMM C050)	

ALEXANDER'S DIRECT MAIL SERVICES 6956 PHILLIP'S PKWY DR N JACKSONVILLE FL 32256-1583	Weight of a Single Piece 0.0250 lbs	1 1-ft Trays	Prepared Under DMM: M810 (Automation letters)
Cust No. CTAS ID	Total Pieces in mailing 201	Total Weight of mailing 5.0250 lbs	If Sacking, Based on:

Name & Address of Individual or Organization for Which Mailing is Prepared
UNITED WATER FLORIDA, INC
1400 MILLCOE RD
JACKSONVILLE FL 32225

Name and Address of Mailing Agent (if other than the permit holder)

Cust No. (D&B)

Cust No (D&B)

CUSTOMER'S COPY

Part B	Basic Letter	0.256 x	201 pcs=	51.456
Part A				\$ 0.000
Part B				\$ 51.456
Part C				\$ 0.000
Part D				\$ 0.000
Rate				\$ 0.000

Additional postage payment

Is applicable bulk per-piece rate affixed to each piece? Pieces

Total Postage \$ 51.46

For Enclosed Reply Pieces (Automation rate only): I certify that any business reply or courtesy reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing ident mark (FIM) and barcode under DMM C810.

For ZIP Codes (Regular nonautomation rate only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

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 that 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 up to 5 years and a fine up to \$10,000 (18 USC 1001). In addition, a civil penalty 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)

Single Pc Wt 0.224 pounds

Total Pieces 201 Total Weight 4.48

Total Postage \$51.46

Are figures at left adjusted from mailer's entries? Yes No

If "Yes" Reason:

Telephone Number 1-(904)-262-6572

Check One

Verification Not Scheduled

Presort Verification performed as Scheduled

Date Mailer Notified

Contact

By (Initials)

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Signature of Weigher



**Postage Statement -- Standard Mail (A)
(Other Than Nonprofit) -- Permit Imprint**

NO of Mailing JACKSONVILLE FL		Date 11/11/96	Processing Category	USPS Authorized Mailing ID Code(s)
Permit No. 842	Federal Agency Cost Code	Mailing Stat Seq # UNITEDWATA3537	Letters (DMM C050)	
Permit Holder	Phone 1-(904)-262-6572	Receipt		
ALEXANDER'S DIRECT MAIL SERVICES 6956 PHILLIP'S PKWY DR N JACKSONVILLE FL 32256-1593		1 3-ft Trays Weight of a Single Piece 0.0250 lbs		Prepared Under DMM: M010 (Automation letters)
Cust No.	CTAS ID	Total Pieces in mailing 611	Total Weight of mailing 15.2750 lbs	If Sacking, Based on:
Name & Address of Individual or Organisation for Which Mailing is Prepared UNITED WATER FLORIDA, INC 1400 MILLCOE RD JACKSONVILLE FL 32225		Name and Address of Mailing Agent (if other than the permit holder)		CUSTOMER'S COPY
Cust No. (D&B)		Cust No (D&B)		

Part A	Basic Letter	0.183 x	611 pcs=	111.813	Part A	\$	111.813
					Part B	\$	0.000
					Part C	\$	0.000
					Part D	\$	0.000
Additional postage payment					Rate	\$	0.000
					Pieces	\$	0.000
Is applicable bulk per-piece rate affixed to each piece?						Total Postage \$ 111.81	

For Enclosed Reply Pieces (Automation rate only): I certify that any business reply or courtesy reply letter-size cards or envelopes, enclosed in the pieces described above, bear the correct facing ident mark (FIM) and barcode under DMM C010.
For ZIP Codes (Regular nonsautomation rate only): I certify that the ZIP Codes appearing on the pieces described above have been verified and corrected where necessary within 12 months of the date of this mailing using a USPS-approved method.

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 that 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 up to 5 years and a fine up to \$10,000 (18 USC 1001). In addition, a civil penalty 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 MASS/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) *[Signature]* Telephone Number 1-(904)-262-6572

Single Pc Wt: <u>0.224</u> pounds	Are figures at left adjusted from mailer's entries? <u>Yes</u> <input checked="" type="checkbox"/> No
Total Pieces <u>607</u> Total Weight <u>13.58</u>	If "Yes" Reason:
Total Postage <u>\$111.81</u>	

Check One <input checked="" type="checkbox"/> Verification <input type="checkbox"/> Not Scheduled	<input type="checkbox"/> Presort Verification performed as Scheduled	Date Mailer Notified	Contact	By (Initials)
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I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of required annual fee.

Signature of Weigher <i>[Signature]</i>	Time AM	PM
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