

Read on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 

4a. Article Number 98-0006

Linadale Water Company
Fannie S. Shields, Owner
24901 S.E. County Highway 42
Umatilla FL 32784-9144

- Certified
- Insured
- Merchandise COD

1-F-58
dress (Only if requested)

Is your


6. Signature: (Addressee or Agent)


PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

See - 1


01/12/98

FLORIDA PUBLIC SERVICE COMMISSION - RECORDS AND REPORTING

Request for Distribution of Records - Mailing

Date 1 / 1 /

Number of Originals

Copies Per Original

Requested By

Item Presented

 Agenda For (Date) Order No. In Docket No.

 Notice of For (Date) In Docket No.

 Other

Special Handling Instructions

Distribution/Mailing

Number	Distributed/Mailed To	Number	Distribution/Mailed To
<u> </u>	<u>Commission Offices</u>	<u> </u>	<u> </u>
<u> </u>	<u>Docket Mailing List - Mailed</u>	<u> </u>	<u> </u>
<u> </u>	<u>Docket Mailing List - Faxed</u>	<u> </u>	<u> </u>

Note: Items must be mailed and/or returned within one working day after issue unless specified here:

Print Shop Verification

Job Number 134 Verified By

Date and Time Completed 1-13 Job Checked For Correctness and Quality (Initial)

Mall Room Verification

Date Mailed Verified By