ORIGINAL

Supplemental Appendix U-4

Copy of Certified Mail
Return Receipt Cards for Customers

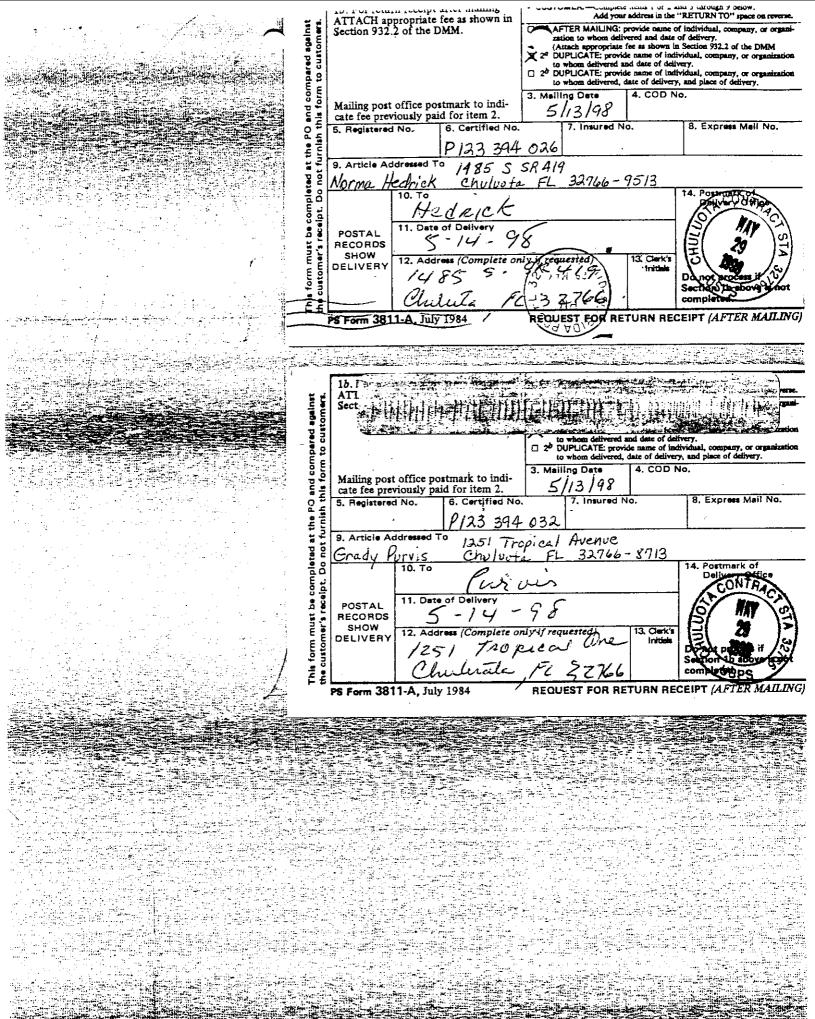
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FREE-RECORDS/REPORTING

÷ · · · · · · · · · · · · · · · · · · ·	■ 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 at we can return this		I also wish to receive the following services (for an extra fee):
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	PS Form 3811 , December 1994		Domestic Return Receipt
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		8 Altresse	Mail Insured Insured Fig. 100 No.
ET UBIN	5. Received By: (Print Name)	100 (ee i	100 00 / S/ - E
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	341 N Mills Ave	☐ Express Mail ☐ Insured	1
DDRESS	Orlando, FL 32803-5733	☐ Return Receipt for Merchandise ☐ COD	:
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NE NE	C. Danis and Day (Drink Marco)	8. Addressee's Address (Only if requested	<u>:</u> <u>:</u>
ET UB	5. Received By: (Print Name)	and fee is paid)	1 1 1
your B	6. Signature (Addressee or Agent)		1
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Florida Water Services Corporation P.O. Box 609520 / Orlando, Florida 30 449

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CERTIFIED

850 PPE EST 9

MAIL

Hancock, Ron 1255 2nd Ave Chuluota, FL 32766-9325

