

ORIGINAL

980992-WS


1518-5C

on the reverse side?	SENDER:	I also wish to receive the following services (for an extra fee):
	<ul style="list-style-type: none"> ■ 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. 	<ul style="list-style-type: none"> 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.

Southlake Utilities, Inc. ⁹⁸⁰⁹⁹²
 P. O. Box 6209
 Tallahassee FL 32314-6209

00-24700-250

Certified
 Insured
 Merchandise COD

Is your RETURN	5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
	6. Signature: (Addressee or Agent)		

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RG0 _____
- SEC I
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

10601 AUG 28 8

FPSC-RECORDS/REPORTING