

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In Re: Request for Rate Increase) Docket No. 000768-GU
by City Gas Company of Florida)

AFFIDAVIT OF NOTICE

STATE OF NEW JERSEY
COUNTY OF UNION

BEFORE ME, the undersigned authority, personally appeared
Ronald H. Reisman who, first being duly sworn, deposes and says:

1. That he is Manager, Marketing Communications of NUI
Corporation, of which City Gas Company of Florida is an
operating division.

2. That on October 11 and October 13, 2000, he caused the
Notice to Customers attached as Exhibit A to be sent by U.S.
Mail, first class postage prepaid, to all customers of City Gas
Company of Florida.

3. That certifications from the U.S. Postal Service
reflecting the mailing of these 101,841 notices are attached as
Exhibit B.

FURTHER AFFIANT SAYETH NOT.

Ronald H. Reisman

Ronald H. Reisman

SWORN TO and subscribed before me, by Ronald H. Reisman who

(X) is personally known to me, or

() produced _____ as identification,

this 18th day of October, 2000.

Linda L. Morrow

Notary Public

RECEIVED & FILED

Mur
FPSC-BUREAU OF RECORDS

LINDA L MORROW
Notary Public of New Jersey
No. 49279
My Commission Expires Mar. 2, 2003

DOCUMENT NUMBER-DATE

13468 OCT 20 00

FPSC-RECORDS/REPORTING

**CITY GAS COMPANY OF FLORIDA
NOTICE TO CUSTOMERS**

On August 25, 2000, City Gas Company of Florida ("the Company"), an operating division of NUI Corporation, filed a request for a rate increase with the Florida Public Service Commission ("Commission") in its Docket No. 000768-GU for approval to increase annual revenues by \$7,181,988. The Company also requested an interim rate increase of \$1,886,605 be put into effect pending final action on the permanent rate increase.

The general reasons for the request for an increase in rates are:

- 1) The Company's natural gas throughput from residential and industrial customers has not grown at the rate projected in its last rate case.
- 2) The Company has incurred significant capital additions that need to be recognized in rate base so that an adequate return on this investment can be obtained.
- 3) The Company's operating expenses have increased due, among other things, to inflation and ordinary customer growth.

A comparison of the proposed final rates with the rates in effect prior to the Company's request is attached.

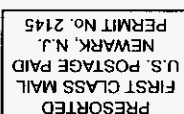
Service hearings have been scheduled in Miami-Dade, St. Lucie and Brevard Counties to allow customers to express their views regarding the quality of service they receive from the Company and other matters pertaining to the requested rate increase. Dates, times and locations of the service hearings are as follows:

Monday, October 23, 2000 6:00 p.m. - 8:00 p.m. Miami-Dade County Embassy Suites Hotel-Miami International Airport 3974 S. River Drive Miami, FL 33142	Tuesday, October 24, 2000 12:00 p.m. - 2:00 p.m. St. Lucie County Holiday Inn-Port St. Lucie 10120 South Federal Highway Port St. Lucie, FL 34952	Wednesday, October 25, 2000 12:00 p.m. - 2:00 p.m. School Board of Brevard County Board Room 2700 Judge Fran Jamieson Way Viera, FL 32940-6699
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Any person requiring some accommodation at the service hearings because of a physical impairment should call the Commission's Division of Records and Reporting at (850) 413-6770 at least five calendar days prior to the hearing. Any person who is hearing or speech impaired should contact the Florida Public Service Commission by using the Florida Relay Service, which can be reached at 1-800-955-8771 (TDD).

The Commission is currently scheduled to consider the Company's request for interim rate relief on October 17, 2000, and its request for permanent rate relief on January 16, 2001, in Room 148, Betty Easley Conference Center, 4075 Esplanade Way, Tallahassee, Florida, beginning at 9:30 a.m.

(continued inside)



The following is the current rate case schedule established by the Commission that contains all the critical events and dates. This schedule is subject to change by the Commission.

Staff Recommendation on Interim Rates	10/5/00	Audit Report Due	10/31/00
Order Establishing Procedure	10/16/00	Standard Order on Interim Rates	11/9/00
Agenda Conference on Interim Rates	10/17/00	Staff Recommendation on Final Rates	1/04/01
Service Hearing - Miami-Dade County	10/23/00	Agenda Conference on Final Rates	1/16/01
Service Hearing - St. Lucie County	10/24/00	Proposed Agency Action Order on Final Rates	2/5/01
Service Hearing - Brevard County	10/25/00		

More detailed information on the Company's proposed rate increase is contained in the complete minimum filing requirements, located at the following Company offices:

City Gas Company of Florida 933 East 25th Street Hialeah, Florida 33013-3498	City Gas Company of Florida 1304 S.W. Bayshore Boulevard Port St. Lucie, Florida 34983-2297	City Gas Company of Florida 4180 South U.S. Highway No. 1 Rockledge, Florida 32955-5309
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Inspection of the filing at any of these offices may be conducted during normal business hours (8:00 a.m. - 5:00 p.m., Monday - Friday).

A Synopsis of the rate case can be reviewed at the above locations and at the following Public Libraries:

St. Lucie County Public Library Port St. Lucie Branch 180 SW Prima Vista Port St. Lucie, FL 34983 (561) 871-5450	Martin County Public Library Jensen Beach Branch 1900 NE Ricou Terrace Jensen Beach, FL 34957 (561) 334-4488	Indian River County Public Library 1600 21st Street Vero Beach, FL 32960 (561) 770-5060	Central Brevard Library Attention: Director 308 Forest Avenue Cocoa, FL 32922	Hialeah John F. Kennedy Memorial Library Attention: Director 190 W. 49 Street Hialeah, FL 33012	Miami Dade Main Library Attention: Director 101 West Flagler Street Miami, FL 33128	Broward County Main Library Attention: Director 100 S. Andrews Avenue Ft. Lauderdale, FL 33301
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Any customer comments regarding the Company's service or the proposed rate increase should be addressed to:

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

For your information, we are also providing the address and telephone number of the Florida Public Service Commission's Consumer Affairs Division:

Division of Consumer Affairs
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850 1-800-342-3552 (Toll Free Number)

Such comments should refer to Docket No. 000768-GU, which is the docket number that has been assigned to this proceeding.

Company personnel may be contacted to answer questions concerning the rate request at the address shown on your gas service bill, or by calling the following telephone number: 1-800-347-4427 Extension 5222

COMPARISON OF PRESENT AND PROPOSED RATES

	Present Rate	Proposed Rate		Present Rate	Proposed Rate
RESIDENTIAL:			COMMERCIAL TRANSPORTATION:		
Customer charge	\$7.00	\$7.50	Customer charge	\$50.00	\$55.00
Energy charge per therm	\$0.46349	\$0.54709	Transportation charge per therm	\$0.16336	\$0.19839
GAS LIGHTING:			INTERRUPTIBLE TRANSPORTATION:		
Customer charge	\$ ----	\$ ----	Customer charge	\$175.00	\$175.00
Energy charge per therm	\$0.46349	\$0.54709	Transportation charge per therm	\$0.12757	\$0.16500
COMMERCIAL AND INDUSTRIAL FIRM:			CONTRACT - INTERRUPTIBLE TRANSPORTATION:		
Customer charge	\$17.00	\$20.00	Customer charge	\$175.00	\$175.00
Energy charge per therm	\$0.20259	\$0.26549	Transportation charge per therm	\$0.12757	\$0.16500
LARGE COMMERCIAL FIRM:			INTERRUPTIBLE LARGE VOLUME - TRANSPORTATION:		
Customer charge	\$35.00	\$50.00	Customer charge	\$400.00	\$400.00
Energy charge per therm	\$0.16336	\$0.19839	Transportation charge per therm	\$0.08252	\$0.12000
INTERRUPTIBLE PREFERRED:			CONTRACT INTERRUPTIBLE LARGE VOLUME - TRANSPORTATION:		
Customer charge	\$50.00	\$100.00	Customer charge	\$400.00	\$400.00
Energy charge per therm	\$0.12757	\$0.16500	Transportation charge per therm	\$0.08252	\$0.12000
NATURAL GAS VEHICLES:			CONNECT AND DISCONNECT CHARGES:		
Customer charge	\$12.00	\$15.00	Residential	\$20.00	\$30.00
Energy charge per therm	\$0.14119	\$0.17500	Non-residential	\$45.00	\$60.00
SMALL COMMERCIAL TRANSPORTATION:			OTHER CHARGES:		
Customer charge	\$17.00	\$25.00	Change of Account Number:	\$15.00	\$20.00
Transp. charge per therm	\$0.20259	\$0.26549	Collection Charge:	\$15.00	\$15.00
			Returned Check Charge:	\$15.00 or 5%	\$25.00 or 5%

Postage Statement - First Class Mail - Permit Imprint

Post Office of Mailing Newark, NJ 07102		Mailing Date 10-11-00	Processing Category DMM(C050)		Post Office Note Mail Arrival Time	
Permit No. 2145	Fed Agency Cost Code	Statement Seq No. 33437	<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input checked="" type="checkbox"/> Automation-Compatible DMM(C820)		Job # 28094 Description FLORIDA RATE INCREASE MAILING Element Keycode DROP 1	
Permit Holder's Name & Address MDM Technologies 333 First Street Elizabeth, NJ 07206		Telephone 908 353-7800	Receipt No.	Flats <input type="checkbox"/> Parcels		
CAPS Customer Ref. ID Customer No. (Dun & Bradstreet)		1-Ft. MM	2-Ft. MM	2-Ft. EMM		Total Ltr.
Name & Address of Individual or Organization for Which Mailing is Prepared (if other than the permit holder) Elizabethtown Gas Company Attn: A/P-MDM3330720 P.O. Box 3145 Union, NJ 07083 908-289-5000 Customer No. (Dun & Bradstreet)		Flat Trays	No. Sacks	No. Pallets		No. Other
Weight of a Single Piece		0 . 0 1 9 6 pounds			Prepared Under DMM (Check all that apply) <input checked="" type="checkbox"/> M130 (Letters, flats, parcels) <input type="checkbox"/> M130 (Upgradable letters) <input type="checkbox"/> M810 (Automation Letters) <input checked="" type="checkbox"/> M820 (Automation Flats)	
Total Pieces		50,920	Total Weight			998.0320
Name & Address of Mailing Agent (if other than the permit holder)		Telephone		Customer No. (Dun & Bradstreet)		

Postage Computation - First Class Mail (DMM P013)

Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge	Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge
Part B Automation Rates-Flats									
3/5		.270 x	49,366 pcs =	\$ 13,328.8200					
Basic		.300 x	451 pcs =	\$ 135.3000					
Part C Nonautomation Rates-Other Than Card Rates									
Presorted		.305 x	1,103 pcs =	\$ 336.4150					
Nonstandard Surcharge (if applicable)									
Presorted		.050 x	50,920 pcs =	\$ 2,546.0000					
Total				\$ 16,346.5350					

Postage From Part A \$	Postage From Part B \$ 13,464.1200	Postage From Part C \$ 336.4150	Postage From Part D \$	Total Computed Postage \$ 16,346.5350
For Special Services and Other Fees				Total From Attached Form 3540-S
				TOTAL POSTAGE DUE \$ 16,346.54
USPS: Additional Postage Payment (State reason. Add amount to line above)				\$

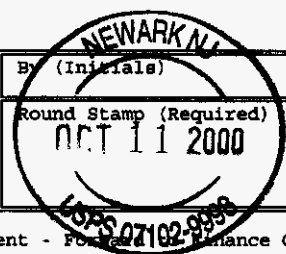
The signature of a mailer certifies that it will be liable for and agrees to pay, subject to appeals prescribed by postal laws and regulations, any revenue deficiencies assessed on this mailing. (If this form is signed by an agent, the agent certifies that it is authorized to sign this statement, that the certification binds the agent and the mailer, and 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 of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

- For Updated Addresses (Presorted and automation rates only): I certify that the addresses appearing on the pieces described above have been updated within 180 days of the date of this mailing using a USPS-approved address update method.
- For Enclosed Reply Pieces (Automation rates only): I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810.
- For ZIP codes (Presorted Rates 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.

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, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred)			Telephone 908 353-7800
Single Piece Weight	Total Pieces	Are the figures at left adjusted from mailers entries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes Reason	
Total Weight	Total Postage		
Check One <input type="checkbox"/> Verif Not Sched	Presort Verif <input type="checkbox"/> Performed as Sched	Date Mailer Notified	Contact
I CERTIFY that this mailing has been inspected concerning: 1) eligibility for the rate of postage claimed 2) proper preparation (and presort where required) 3) proper completion of the postage statement and 4) payment of the required annual fee.			By (Initials)
Verifying Employee's Signature			Verifying Employee's Name
			Time AM PM



Post Office of Mailing Newark, NJ, 07102		Mailing Date 10-13-00	Processing Category DMM(C050)		Post Office Note Mail Arrival Time	
Permit No. 2145	Fed Agency Cost Code	Statement Seq No. 33469	<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input checked="" type="checkbox"/> Automation-Compatible DMM(C820)		Job # 28094 Description FLORIDA RATE INCREASE MAILING Element Keycode DROP-2	
Permit Holder's Name & Address MDM Technologies 333 First Street Elizabeth, NJ 07206		Telephone 908 353-7800	Receipt No.	Flats <input type="checkbox"/> Parcels		
CAPS Customer Ref. ID _____ Customer No. (Dun & Bradstreet) _____		1-Ft. MM	2-Ft. MM	2-Ft. EMM		Total Ltr.
Name & Address of Individual or Organization for Which Mailing is Prepared (if other than the permit holder) Elizabethtown Gas Company Attn: A/P-MDM3330720 P.O. Box 3145 Union, NJ 07083 908-289-5000 Customer No. (Dun & Bradstreet) _____		Flat Trays	No. Sacks	No. Pallets		No. Other
Weight of a Single Piece 0 . 0 1 9 6 pounds		Total Pieces 34,995		Total Weight 685.9020		
Name & Address of Mailing Agent (if other than the permit holder) Elizabethtown Gas Company Attn: A/P-MDM3330720 P.O. Box 3145 Union, NJ 07083 908-289-5000 Customer No. (Dun & Bradstreet) _____		Name & Address of Mailing Agent (if other than the permit holder)		Telephone		
Prepared Under DMM (Check all that apply) <input checked="" type="checkbox"/> M130 (Letters, flats, parcels) <input type="checkbox"/> M130 (Upgradable letters) <input type="checkbox"/> M810 (Automation Letters) <input checked="" type="checkbox"/> M820 (Automation Flats)						

Postage Computation - First Class Mail (DMM P013)

Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge	Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge
Part B Automation Rates-Flats									
3/5		.270 x	33,450 pcs =	\$ 9,031.5000					
Basic		.300 x	452 pcs =	\$ 135.6000					
Part C Nonautomation Rates-Other Than Card Rates									
Presorted		.305 x	1,093 pcs =	\$ 333.3650					
Nonstandard Surcharge (if applicable)									
Presorted		.050 x	34,995 pcs =	\$ 1,749.7500					
Total				\$ 11,250.2150					

Postage From Part A \$	Postage From Part B \$ 9,167.1000	Postage From Part C \$ 333.3650	Postage From Part D \$	Total Computed Postage \$ 11,250.2150
For Special Services and Other Fees			Total From Attached Form 3540-S	
				TOTAL POSTAGE DUE \$ 11,250.22
USPS: Additional Postage Payment (State reason. Add amount to line above)				\$

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 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 of up to 5 years and a fine of up to \$10,000 (18 USC 1001). In addition, a civil penalty of up to \$5,000 and an additional assessment of twice the amount falsely claimed may be imposed (31 USC 3802).

- For Updated Addresses (Presorted and automation rates only): I certify that the addresses appearing on the pieces described above have been updated within 180 days of the date of this mailing using a USPS-approved address update method.
- For Enclosed Reply Pieces (Automation rates only): I certify that any letter-size cards or envelopes enclosed in the pieces described above bear the correct facing identification mark (FIM) and barcode and meet automation compatibility standards in DMM C810.
- For ZIP codes (Presorted Rates 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.

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, that the material presented qualifies for the rates of postage claimed, and that this mailing does not contain any hazardous materials prohibited by postal regulations.

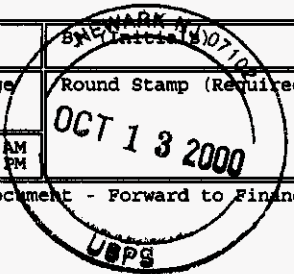
Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred) _____ Telephone 908 353-7800

Single Piece Weight _____ pounds	Total Pieces	Are the figures at left adjusted from mailers entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Reason
Total Weight	Total Postage	

Check One Presort Verif Performed as Sched Date Mailer Notified _____ Contact _____

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

Verifying Employee's Signature _____ Verifying Employee's Name _____ Time AM PM



Postage Statement - First Class Mail - Permit Imprint

Post Office of Mailing Newark, NJ 07102		Mailing Date 10-13-00		Processing Category DMM(C050)		Post Office Note Mail Arrival Time			
Permit No. 2145	Fed Agency Cost Code	Statement Seq No. 33638		<input type="checkbox"/> Letters <input type="checkbox"/> Flats <input checked="" type="checkbox"/> Automation-Compatible DMM(C820)		Job # 28094 Description FLORIDA RATE INCREASE MAILING Element Keycode			
Permit Holder's Name & Address MDM Technologies 333 First Street Elizabeth, NJ 07206		Telephone 908 353-7800		Receipt No.				Prepared Under DMM (Check all that apply) <input type="checkbox"/> M130(Letters, flats, parcels) <input type="checkbox"/> M130(Upgradable Letters) <input type="checkbox"/> M810(Automation Letters) <input checked="" type="checkbox"/> M820(Automation Flats)	
CAPS Customer Ref. ID _____ Customer No. (Dun & Bradstreet) _____		1-Ft. MM	2-Ft. MM	2-Ft. EMM	Total Ltr.				
		Flat Trays	No. Sacks	No. Pallets	No. Other				
Name & Address of Individual or Organization for Which Mailing is Prepared (if other than the permit holder) Elizabethtown Gas Company Attn: A/P-MDM3330720 P.O. Box 3145 Union, NJ 07083 908-289-5000 Customer No. (Dun & Bradstreet) _____		Weight of a Single Piece 0 . 0 1 9 6 pounds		Total Pieces 15,926		Total Weight 312.1496			
		Name & Address of Mailing Agent (if other than the permit holder)		Telephone		Customer No. (Dun & Bradstreet) _____			

Postage Computation - First Class Mail (DMM P013)

Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge	Entry Discounts	Automation Discounts	Net Rate	Count (Pcs/Lbs)	Charge
Part B Automation Rates-Flats 3/5 .270 x 15,926 pcs = \$ 4,300.0200									
Nonstandard Surcharge (if applicable) Presorted .050 x 15,926 pcs = \$ 796.3000									
Total \$ 5,096.3200									
Postage From Part A \$		Postage From Part B \$ 4,300.0200		Postage From Part C \$		Postage From Part D \$		Total Computed Postage \$ 5,096.3200	

For Special Services and Other Fees	Total From Attached Form 3540-S
	TOTAL POSTAGE DUE \$ 5,096.32
USPS: Additional Postage Payment (State reason. Add amount to line above)	\$

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

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Signature of Permit Holder or Agent (Both principal and agent are liable for any postage deficiency incurred)		Telephone 908 353-7800	
Single Piece Weight _____ pounds	Total Pieces	Are the figures at left adjusted from mailers entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Reason	
Total Weight	Total Postage		
Check One <input type="checkbox"/> Verif Not Sched <input type="checkbox"/> Presort Verif Performed as Sched	Date Mailer Notified	Contact	By (Initials)
I CERTIFY that this mailing has been inspected concerning: 1) eligibility for the rate of postage claimed 2) proper preparation (and presort where required) 3) proper completion of the postage statement and 4) payment of the required annual fee.			Round Stamp (Required)
Verifying Employee's Signature	Verifying Employee's Name	Time AM PM	

