

JACK SHREVE PUBLIC COUNSEL

STATE OF FLORIDA OFFICE OF THE PUBLIC COUNSEL

c/o The Florida Legislature 111 West Madison St. Room 812 Tallahassee, Florida 32399-1400 850-488-9330

June 26, 2003

Ms. Blanca S. Bayó, Director Division of the Commission Clerk and Administrative Services Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0870

Re: Docket No. 981079-SU

Dear Ms. Bayó:

Enclosed are an original and fifteen copies of Exhibit A to the Citizens' Response to Motion for Extension of Time to File Proof of Transfer of Territory which was filed yesterday and was inadvertently left out of the filing.

Please indicate receipt of filing by date-stamping the attached copy of this letter and returning it to this office. Thank you for your assistance in this matter.

Sincerely,

Stephen C. Reilly Associate Public Counsel

AUS _____ CAF ____ COM ____ CTR ____SCR/dsb ECR ____ GCL ____ OPC ____ MMS ____ SEC ____ OTH ____

> DOCUMENT NUMPER-DATE 0 57 1 2 JUN 26 8 FPSC-COMMISSION CLERK

26 PH 4: 3

EXHIBIT "A"

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WRITTEN REQUESTS FOR SERVICE

C 5712 JUN 26 5

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name Frank A Tor | Telephone # | 7.27 968 9313 Acc | ount # | |
|-------------------------------|-------------|-------------------|--------|-------|
| Billing Address 13134 | | | Fl. | 34667 |
| | | City | State | Zip |
| Service Address | | | | · |
| | | City | State | Zip. |
| If Rental, Owner Information: | Name | Teleph | one # | |
| Owners Address | | | | |
| | | City | State | Zip |
| Date service should begin | | | | |

- 1. The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
- 2. The Company may refuse or discontinue wastewater service rendered under application made by any member or agent of a household, organization, or business for any of the reasons contained in Rule 25-30.320, Florida Administrative Code. Any unauthorized connections to the Customer's wastewater service shall be subject to immediate discontinuance without notice, in accordance with Rule 25-30.320, Florida Administrative Code.
- 3. The Customer agrees to abide by all existing Company Rules and Regulations as contained in the tariff. In addition, the Customer has received from the Company a copy of the brochure "Your Water and Wastewater Service" produced by the Florida Public Service Commission.
- 4. Bills for wastewater service will be rendered Monthly, as stated in the rate schedule. Bills must be paid within 20 days of mailing bills. If payment is not made after five working days written notice, service may be discontinued.
- 5. When a Customer wishes to terminate service on any premises where wastewater service is supplied by the Company, the Company requires (oral, written) notice within 3 days prior to the date the Customer desires to terminate service.

Signatur

17/2002 3 Date

Robert Bammann ISSUING OFFICER President TITLE

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name June Holcombe Telephone # | 1-727-868-1727Acco | unt # | |
|------------------------------------|--------------------|-----------------|-------|
| Billing Address_13105 Cabin Ct. | Hudson | F 1. | 34667 |
| | City | State | Zip |
| Service Address Same as above | | | |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Telepho | ne # | |
| Owners Address | | • | |
| - | City | State | Zip |
| Date service should begin | | | |

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Signature,

17/02

| Robert Bammann |
|-----------------|
| ISSUING OFFICER |
| President |
| TITLE |

| NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF | • | | |
|--|--------------|------------------------------------|------|
| HUDSON UTIL 14334 OLD DIX HUDSON, FLO | E HIGHWAY | | |
| RESIDENTIALA | | | • |
| Nama Thomas & Etens Talephone # | 727-869-4966 | ccount # | |
| Billing Address 13120 CABIN C+ | Hodson | | 4667 |
| Service Address SAME | City | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Teler | phone # | |
| Owners Address | ····· | وروا المنافقين والمتحدين والمتحدين | |
| Date service should beginASAP | City | State | Zip |

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Signature

Date 3-16-02

| Robert Bammann |
|-----------------|
| ISSUING OFFICER |
| President |
| TITLE |

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name OLIVER J. BARdis Teleph | опе # <u>72</u> | 7868 3881 Accou | nt # | |
|---------------------------------------|-----------------|-----------------|-------------|--------------|
| Billing Address 13145 COXSWAIN | CT | Hudson | FL | 34667 |
| Service Address 13145 COXSWAIN | _CT_ | City Hudson | State FL | Zip 34667 |
| | | City | State | Zip. |
| If Rental, Owner Information: Name | | Telephon | e # | |
| Owners Address | | | | |
| | | City | State | Zip |
| Date service should begin <u>ASAP</u> | · | | | |

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- 5. When a Customer wishes to terminate service on any premises where wastewater service is supplied by the Company, the Company requires (orel, written) notice within 3 days prior to the date the Customer desires to terminate service.

Darder

3-11-02 Date

Robert Bammann ISSUING OFFICER President TITLE

WASTEWATER TARIFF HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667 RESIDENTIAL Name M elephone #7 Billing Address State Zip Service Address City State Zio. If Rental, Owner Information: Name Telephone # Owners Address City State Zip Date service should begin A.S.A.P

By signing this agreement, the Customer agrees to the following:

NAME OF COMPANY HUDSON UTILITIES. INC.

- The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
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Date 3-11-2002 aler Signatu

Robert Bammann ISSUING OFFICER President TITLE

| HUDSON UTILITIE 14334 OLD DIXIE H HUDSON, FLORIDA | IGHWAY | | |
|---|--------------|---------|-------|
| RESIDENTIAL APPLI | CATION | | • |
| Name MICHAEL ~ SHARON BUTTE Februare # 72 | 2. 568-906Ac | count # | |
| Billing Address 13102 BEACON COU SIGNAL COVE SUBDIVISION | RT HIS | SON FL | 34667 |
| SIGNAL COVE SUBDIVISION Service Address SAME | V City | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Teleph | 10ne # | |
| Owners Address | City | State | Zip |
| Date service should begin $A \leq AP$ | City | State | Lip |

. .<u>:</u> }

ORIGINAL SHEET NO. 21.0

By signing this agreement, the Customer agrees to the following:

NAME OF COMPANY HUDSON UTILITIES, INC.

WASTEWATER TARIFF

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Jult Date 3-11-02 Signature

Robert Bammann ISSUING OFFICER President TITLE

NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34687

| RESIDENTIALA | PPLICATION | • |
|------------------------------------|--------------|----------------------|
| Name Don - Marge YAARK Telephone | \$ 3089200 A | Account # |
| Billing Address 13006 PORT CT | HUDSON | FL 34667 |
| Service Address 13006 PORT CT | HUDSON | State Zip FL34667 |
| • | City | State Zip. |
| If Rental, Owner Information: Name | | phone # |
| Owners Address 13006 PORT CT | HUDSON | FL 34667 |
| | City | State Zip |
| Date service should begin | | |

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Signature

3.17.02 Date

| Robert Bammann |
|-----------------|
| ISSUING OFFICER |
| President |
| TITLE |

| WASTEWATER TARIFF | | | | | |
|-------------------------------|---------|-------------------|--------------|--------|-------|
| | HUDSC | N UTILITI | ES, INC. | | |
| | 14334 0 | LD DIXIE I | HIGHWAY | | |
| | HUDSO | N, FLORID | A 34667 | | |
| | RESIDE | NTIAL APPL | CATION | | • . |
| Name DAN Thorogo | Tel | ר ה #_# ephone | 69-2922 Acco | ount # | |
| Billing Address 13136 | | | | 71 | 34667 |
| ~ | | | City | State | Zip |
| Service Address Same | | | | | |
| | | | City | State | Zip. |
| If Rental, Owner Information: | Name | | Telepho | ne # | |
| Owners Address | | | | | |
| ٨٥ | ND | | City | State | Zlp |
| Date service should begin_AS | | | | | |

NAME OF COMPANY HUDSON UTILITIES, INC.

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Signature

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY HUDSO | ON UTILITIES, | INC. | • | | |
|-------------------------------|---------------|--|--------------------|--------|-------|
| OWNER | 14334 0 | ON UTILITIE OLD DIXIE F ON, FLORID | lighway | | |
| | RESIDE | NTIAL APPLI | CATION | | • |
| Name Wm. A Smith | JR_Te | lephone #72 | 7 868 6600 Accourt | nt#N/# | 4 |
| Billing Address 13022 | | | | FL | 3445 |
| Service Address Page | ne | | City | State | Zip |
| | | | City | State | Zip. |
| If Rental, Owner Information: | Name | | Telephone | # | ۵ |
| Owners Address | | | | | ····· |
| | | | City | State | Zlp |
| Date service should begin | ······ | ······ | | | |

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Signature

Date March 20, 2002

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDSON UTILITIE</u> WASTEWATER TARIFF | <u>.</u> OR | IGINAL SHEE | I NO, 21.0 |
|---|--|--------------|------------|
| 14334 | DSON UTILITIES, INC. 4 OLD DIXIE HIGHWAY ISON, FLORIDA 34667 | | |
| | HEIEPHONE # 868 496 | 2) punt # | • · . |
| Billing Address 1300 Cabin | Gr HUDSON FZ | -34 | 667 |
| Service Address | City | State | Zîp |
| · • | City | State | Zip. |
| If Rental, Owner Information: Name | Telepho | ne # | |
| Owners Address | | | |
| | City | State | Zip |
| Date service should begin | | | |

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2M Signature

Date 3-20-02

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDSON UTILITIES</u> WASTEWATER TARIFF | LINC. | UNIGHAL SHEET | 140. 21.0 | |
|--|--|---------------|--------------|----|
| 14334 HUDS | SON UTILITIES, INC. OLD DIXIE HIGHWAY SON, FLORIDA 34667 | . * | | |
| RESIL | DENTIAL APPLICATION | | • . | |
| Name Byron E Cline T | elephone # 1278685434 | , 2count # | | |
| Name Byrun & Cline T Billing Address 13018 Cabin C | t. Nudsox | fond | <u>e 346</u> | 67 |
| Service Address <u>Lame</u> | City | State | Zip | · |
| | City | State | Zip. | |
| If Rental, Owner Information: Name | Tele; | phone # | | |
| Owners Address | | | | |
| Data service should begin | City | State | Zip | |

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Signature

ODICINAL DURET NO

Robert Bammann ISSUING OFFICER President TITLE

| | Address <u>13130</u> | Calan cr | City | FL Sufe State | Zip |
|---------|----------------------|---|-----------|------------------|-----|
| Billing | Address 13130 | Color or | Hose | FL Side | 2 |
| | The Truck | relephone # | 1 | | |
| Nami | KEN MUR | RESIDENTIAL AF | | | • |
| 0 000 | | HUDSON UTIL 14334 OLD DIXI HUDSON, FLOP | E HIGHWAY | | |

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Signature_

3-20-02 Date

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY HUDSON I WASTEWATER TARIFF | UTILITIES, INC. | | ORIGINAL SHEET | NO. 21.0 |
|---|--------------------|--|----------------|----------|
| OWWER | 14334 OLD | JTILITIES, INC. DIXIE HIGHWAY LORIDA 34667 | | |
| | | LAPPLICATION | | • |
| Name Hathleen Bu | <u>Her</u> Telepho | ne # 707-869-7300 | Account # | |
| Billing Address 3111 H Bear | on Cart_ | BaymetBint | <u>FI 32</u> | 1667 |
| Service Address | 2 | Cîty | State | Zip |
| | | City | State | Zip. |
| If Rental, Owner Information: N | àme | Tele | phone # | |
| Owners Address | | | | |
| Date service should begin | | City | State | Zip |

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Signature

Robert Bammann ISSUING OFFICER President TITLE

NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

| AESIDENTIAL | APPLICATION | | ; | |
|------------------------------------|--|-------------|------------|------------|
| Name FRANK Huffing Telephone | # 862-7006 Acc | ount # 107- | - 14-0806- | 1-10 |
| Billing Address 13120 KEEL CT. | Hudson | Fh. | 34667 | |
| Service AddressAME | City | State | Zip | |
| • | City | State | Zip. | . e |
| If Rental, Owner Information: Name | Teleph | one # | | |
| Owners Address | ** | | | |
| | City | State | Zip | |
| Date service should begin | ······································ | | | |
| | | | | |

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ulfmer. Signature

March Date 20 2002

والمعا المعارية المتعادية

Robert Bammann ISSUING OFFICER President TITLE

. . .

| NAME OF COMPANY HUDSON U | TILITIES, INC. | ۲. ب | IRIGINAL SHEET | NO. 21.0 |
|----------------------------------|---|-------------|----------------|-------------|
| , A- | HUDSON UTIL 14334 OLD DIXI HUDSON, FLOP | E HIGHWAY | | |
| | RESIDENTIAL AF | PLICATION | | • |
| Name and Ing | Telephone # | 819-8164 Ac | count # | |
| Billing Address_1837 | graf (1 | ve | | |
| Service Address <u>Dame</u> | | City | State 3 | Zip 2667 |
| , | | City | State | Zip. |
| If Rental, Owner Information: Na | ame | Telep | hone # | |
| Owners Address | | 011 | | ····· |
| Date service should begin | SAP | City | State | Zip |

- The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus of device.
- 2. The Company may refuse or discontinue wastewater service rendered under application made by any member or agent of a household, organization, or business for any of the reasons contained in Rule 25-30.320, Florida Administrative Code. Any unauthorized connections to the Customer's wastewater service shall be subject to immediate discontinuance without notice, in accordance with Rule 25-30.320, Florida Administrative Code.
- 3. The Customer agrees to abide by all existing Company Rules and Regulations as contained in the tariff. In addition, the Customer has received from the Company a copy of the brochure "Your Water and Wastewater Service" produced by the Florida Public Service Commission.
- 4. Bills for wastewater service will be rendered Monthly, as stated in the rate schedule. Bills must be paid within 20 days of mailing bills. If payment is not made after five working days written notice, service may be discontinued.
- 5. When a Customer wishes to terminate service on any premises where wastewater service is supplied by the Company, the Company requires (oral, written) notice within 3 days prior to the date the Customer desires to terminate service.

Signature

Date 3-20.00

| WASTEWATER TARIFF | ILLINES, INC. | • | |
|-----------------------------------|---|-----------|--|
| AWNER 1 | HUDSON UTILITIES, INC. 4334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667 | | |
| | RESIDENTIAL APPLICATION | | • |
| Name Matthewi MARIA Har | 6 W_Telephone # 72 7 767 1908 A | Account # | •••••••••••••••••••••••••••••••••••••• |
| Billing Address 13100 CAb | N CT HUDSON FL | 3466) | |
| Service Address Same | City | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information: Nar | meTele | ephone # | **** |
| Owners Address | | | ······································ |
| Date service should beginA | City | State | Ζίρ |

ANNY DRIPOCON CITY

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Signature

Date 3- 20.3002-

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDS</u> | ON UTILITIES, INC. | | RIGINAL SHEE | .1 NO. 21.0 |
|-------------------------------|---|---------------|--|-------------|
| O WWW ER | HUDSON UTIL 14334 OLD DIX HUDSON, FLO | IE HIGHWAY | | |
| , A | . RESIDENTIAL A | PPLICATION | | • |
| Name FRANCES CIA. | NARAN Telephone | * 2686339 Acc | :::::::::::::::::::::::::::::::::::::: | |
| Billing Address 13029 | | | FT | 34667 |
| Service Address | ne | City | State | Zip |
| • | | City | State | Zip. |
| If Rental, Owner Information: | Name | Teleph | ione # | · |
| Owners Address | | City | State | Zip |
| Date service should begin | | • | | · |

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Signature

Date

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDSC</u> WASTEWATER TARIFF | ON UTILITIES, IN | <u>C.</u> | | GINAL BREE | 1 10. 21.0 |
|---|--|--------------------------------------|-----------------|------------|------------|
| CWPFR | 14334 OL | I UTILITIE D DIXIE H , FLORID/ | IIGHWAY | | |
| (TI) (BETTY) | RESIDEN | | | | • |
| Name CLEON : MARY SE | <u>Deaug F</u> Teler | hone # 72 | 2-863-2251 Acco | unt # | |
| Billing Address 66 29 | TOWER | DR | Hason | FL - | 3466 |
| Service Address | n.e. | . • | City | State | Zip |
| | | | City | State | Zip. |
| If Rental, Owner Information: | Name | | Telephoi | ne # | |
| Owners Address | ······································ | | | | |
| Date service should beginA | SAP | | City | State | Zip |

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Signature X ('

| Date | |
|------|-----------------|
| DATZ | |
| | Robert Bammann |
| | ISSUING OFFICER |
| | President |
| | TITLE |

ODIGINIAL OUDET NO. 25 C

| NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF | | ORIGINAL SHEE | T NO. 21.0 |
|--|--|-----------------|------------|
| HUDSON U ² 14334 OLD DI | TLITIES, INC. IXIE HIGHWAY ORIDA 34667 | | |
| | APPLICATION | , | • . |
| Name Imagene A Stearns Telephone | # <u>727-863-</u> | s/ account # | |
| Billing Address 19136 Coxswain G | +. Hudson | AL. | 34667 |
| Service Address | City | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information; Name | Tele | phone # | |
| Owners Address | | | |
| 2 | City | State | Zip |
| Date service should beginASAP | | | |
| By signing this agreement, the Customer agrees to t | he following: | | |

- The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
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Signature

Date

| NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF | , , | JHIGINAL SHEE | F NO. 21.0 |
|--|-------------------------|---------------|------------|
| JUNAL HUDSON UT 14334 OLD DI HUDSON, FL | XIE HIGHWAY | | |
| Name Matter Billing Telephone | APPLICATION #727 863 57 | 44 count # | • , |
| Billing Address 13039 Port C | <i>t</i> | | |
| Service Address Lame | City | State | Zip |
| • | City | State | Zip. |
| If Rental, Owner Information: Name | Telep | hone# | |
| Owners Address | | | |
| Date service should begin | City | State | Zip |
| Date service should begin | | | |

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Signatu

| | NAME OF COMPANY HUDS | ON UTILITIES, INC. | | ORIGIN/ | AL SHEET | NO. 21.0 |
|----|-------------------------------|--|---------------------|--|----------|-------------|
| ,v | NA | HUDSON UTI 14334 OLD DIX HUDSON, FLO | KIE HIGHWA | | | |
| | | RESIDENTIAL A | PPLICATION | | | • |
| | RICHARD + RoberTA | STAS Telephone | #1 <u>27-869-</u> ~ | 35 Account | ¢ | |
| | Billing Address 6627 | | | | | 34667 |
| | Service Address | • | City | | State | Zip |
| | | | City | ······································ | State | Zip. |
| r | If Rental, Owner Information; | Name | · | Telephone # | | |
| | Owners Address | | City | | State | Zip |
| | Date service should begin | | | | Q1010 | <u>е</u> тр |

- The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
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Signature

Date

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDSON</u> WASTEWATER TARIFF | UTILITIES, INC. | | | |
|--|---|------------|------------|------|
| - ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | HUDSON UTIL 14334 OLD DIXI HUDSON, FLOR | E HIGHWAY | | |
| , | RESIDENTIAL AF | PLICATION | | • • |
| Name Robert Perekson | J | 727-863-65 | -Account # | |
| Billing Address 13039 | CABIN CT | HUDSON | FL 34467 | |
| Service Address | e | City | State | Zip |
| | | City | State | Zip. |
| If Rental, Owner Information: | Name | T | elephone # | |
| Owners Address | | | | |
| Date service should begin_ As | AP | City | State | Zip |

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Signature R. U.V.

Date 3-20.02

Robert Barrmann ISSUING OFFICER President TITLE

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TABLEF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

| RESIDENTIAL | | | |
|--|-------------------|----------------|------|
| Name Jacqueline L. Condic Telephone | 127 868 388/ Acco | ount # | |
| Billing Address 13147 Coxewam | st (under-FL- | 3466 | 7 |
| Service Address 13147 COXSULL | | State 34667 | Zîp |
| • | City | State | Zip. |
| If Rental, Owner Information: Name | Telepho | one # | · · |
| Owners Address | | | |
| Date service should begin $A \leq A P$ | City | State | Zlp |

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Signatur

3-11-02 Date

ć.

NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name ERNEST CHAPMAN Telephone # | 862-6092 Acco | unt # | |
|------------------------------------|---------------|-------|------|
| Billing Address 13116 CABIN CT. | | | |
| Service Address 13116 CABIN CT. | City / | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Telepho | one # | |
| Owners Address | | | |
| Date service should begin $ASAP$ | City | State | Zip |
| Date service should begin /T ->/+/ | | | |

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Inen Signature d man

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF | | | |
|---|----------------------------------|-------------|--|
| | UTILITIES, INC. DIXIE HIGHWAY | | |
| HUDSON, | Florida 34667 | | |
| RESIDENTI | AL APPLICATION | | • |
| Name Claude Attell Telepho | one # 727-869-26462 | 7 ount # | |
| Billing Address 13127- Keel-C | 2. Hudson | Flac | 34667 |
| P. | City | State | Zip |
| Service Address | | | ······································ |
| | City | State | Zip |
| If Rental, Owner Information: Name | Teleph | one # | |
| Owners Address | | | |
| Q | City | State | Zip |
| Date service should begin Som U | & passible | | |

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Signatu

Date 3-20-002

<u>Robert Bammann</u> ISSUING OFFICER <u>President</u> TITLE

| NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF | | | |
|--|---------------------------------------|-------------------|---------|
| HUDSON UTILITII 14334 OLD DIXIE H | IGHWAY | • | |
| HUDSON, FLORID | A 34667 | | |
| C RESIDENTIAL APPLI | CATION | | • 1 |
| Name GARY ALDERTS Telephone #72 | 12-819-1997 Accou | int # | |
| Billing Address 13133 K.ool Ct. | | 71 | 3\$1667 |
| Service Address SAME | City | State | Zip |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Telephon | e # | |
| Owners Address | • • • • • • • • • • • • • • • • • • • | | |
| Date service should begin 3-20-02 | City | Stat e | Zip |

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Signature

Date 3-80-02

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF | • | | |
|--|-------------|---------|-------|
| HUDSON UTILITI 14334 OLD DIXIE HUDSON, FLORIE | HIGHWAY | | |
| RESIDENTIAL APPL | | | • |
| Name Fred J. McGlincheytelephone # 8 | 63-0778 Acc | :ount # | |
| Billing Address 13102 Port Ct. | Hudson, | F1 34 | 667 |
| Service Address_Same | City | State | Zip |
| | City | State | Zip |
| If Rental, Owner Information: Nama | Teleph | one # | · |
| Owners Address | | | ····· |
| Date service should begin ASAP | City | State | Zip |

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Signature

Date

Robert Bammann ISSUING OFFICER President TITLE

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF

Name William 1

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

| | | <u> Res</u> | IDENTIAL | APPLICA | TION | | | |
|----|-------|-------------|-----------|------------------|-------|----|---------|---|
| 25 | Deaus | <u>~</u> | Telephone | #7 <u>27-8</u> / | 29.81 | ie | Account | ţ |
| | | | 1 | | | | • | |

| Billing Address 6739 (19MA/ COVE De | Hudsan | FF | - 3466- |
|-------------------------------------|--------|--------|---------|
| | City | State | Zip |
| Service Address PAme Ar Above | | | |
| | City | State | Zip. |
| If Rental, Owner Information: Name | Telep | hone # | |
| Owners Address | | | |
| 1-10 | City | State | Zip |
| Date service should begin ASAF | | | |

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llian Signature naus

NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name William ki Speanse Telephone # 22) | - <u></u> Acco | unt # | |
|--|----------------|------------------|----------|
| Billing Address 6739 Signal Cary De | | FL | 34667 |
| Service Address 684 Signal Cour Dr | City | State | Zip |
| Service Address (184) Signal Cour Dr | Hudson | _ FF_ | 3466-1 |
| | City | State | Zip. |
| If Rental, Dwner Information: Name Un 11. Am k Be Owners Address 10739 Stort Al Cour Do | Par Telepho | ne # <u>227-</u> | 869-8018 |
| Owners Address 10739 Start A/ Cour De | Hidro | | |
| Date service should begin $ASAP$ | City | State | Zip |

By signing this agreement, the Customer agrees to the following:

- 1. The Company shall not be responsible for the maintenance and operation of the Customer's pipes and facilities. The Customer agrees not to utilize any appliance or device which is not properly constructed, controlled and protected or which may adversely affect the wastewater service; the Company reserves the right to discontinue or withhold wastewater service to such apparatus or device.
- 2. The Company may refuse or discontinue wastewater service rendered under application made by any member or agent of a household, organization, or business for any of the reasons contained in Rule 25-30.320, Florida Administrative Code. Any unauthorized connections to the Customer's wastewater service shall be subject to immediate discontinuance without notice, in accordance with Rule 25-30.320, Florida Administrative Code.
- 3. The Customer agrees to abide by all existing Company Rules and Regulations as contained in the tariff. In addition, the Customer has received from the Company a copy of the brochure "Your Water and Wastewater Service" produced by the Florida Public Service Commission.
- 4. Bills for wastewater service will be rendered Monthly, as stated in the rate schedule. Bills must be paid within 20 days of mailing bills. If payment is not made after five working days written notice, service may be discontinued.
- 5. When a Customer wishes to terminate service on any premises where wastewater service is supplied by the Company, the Company requires (oral, written) notice within 3 days prior to the date the Customer desires to terminate service.

Signature auc

Date

| NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF | ORIGINAL SHEET NO. 21. | U |
|--|------------------------|----|
| HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667 | | |
| RESIDENTIAL APPLICATION | • * | |
| Name Betty W BRady Telephone # 3525996638 | Account # | - |
| Billing Address 7186 Shoal Line Blud HeRNAN | Vdo BCh Fl 34607 | 7. |
| Service Address 12) Lots Keel pt Hudson | State Zip FI 3066 | 2 |
| . City | State Zip. | |
| | lephone # | • |
| Owners Address | | - |
| Date service should begin A, S, A, P , City | State Zip | |

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Signature

Date

NAME OF COMPANY <u>HUDSON UTILITIES, INC.</u> WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

RESIDENTIAL APPLICATION

| Name FRANK Mue | ther Telep | hone # 367- | 8263 Account | t # | |
|-------------------------------|------------|-------------|--------------|-------|-------|
| Billing Address 13/03 | Tille | K Do. | Hydron | FL | 34167 |
| | | | City | State | Zip |
| Service Address | | | | | |
| | | | City | State | Zip. |
| If Rental, Owner Information: | Name | | Telephone | # | _ |
| Owners Address | | | | | |
| Date service should begin As | Soom As | Puss. Ble | City | State | Żip |

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Signature

3-19-02 Date

Robert Bammann ISSUING OFFICER President TITLE

| NAME OF COMPANY HUDSON | N UTILITIES, INC. | ORIG | INAL SHEE | T NO. 21.0 |
|---|---|------------------|--------------|--------------|
| | HUDSON UTIL 14334 OLD DIXI HUDSON, FLOP | EHIGHWAY | | |
| , | RESIDENTIAL AF | PLICATION | | . • |
| Name HANOld + Elise | Onstatephone # | 727-868-760 Scou | nt # | |
| Billing Address 13818 | | | | 34667 |
| Service Address 13143 | Cousin | CT. Hudson | State F/i | Zip 3×667 |
| • | | City | State | Zip. |
| If Rental, Owner Information: | Name | Telephon | e # | |
| Owners Address | ······································ | ······ | | |
| | | City | State | Zip |
| Date service should begin \underline{a} | SOON AS | possible | | |
| By signing this agreement, the C | Customer agrees to the | following | | |

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Signatur

Date 2-

| NAME OF COMPANY <u>HUDSON</u> WASTEWATER TARIFF | UTILITIES, INC. | | , onicinal once | 110,2110 | |
|--|-----------------|----------------------------|-----------------|----------|--|
| | HUDSON U | TILITIES, INC. | | | |
| | | DIXIE HIGHWAY | | | |
| | | LORIDA 34667 | | | |
| | RESIDENTIA | LAPPLICATION | | • | |
| Name GORDON HUN | TER_Telephor | ne # 7 <u>87-9626230 .</u> | Account # | | |
| Billing Address 6439 To | WER DR | HUDSON | Fh 3 | 3467 | |
| Service Address 6439 70 | WER DR | HUDSON | | 2ip | |
| | | City | State | Zip | |
| If Rental, Owner Information: | Name | Tel | elephone # | | |
| Owners Address | | | | | |
| Date service should begin | ASAP | City | State | Zip | |

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Signature

Robert Bammann ISSUING OFFICER President TITLE

ODIGINIAL SHEET NO

NAME OF COMPANY HUDSON UTILITIES, INC. WASTEWATER TARIFF

HUDSON UTILITIES, INC. 14334 OLD DIXIE HIGHWAY HUDSON, FLORIDA 34667

| Date service should begin Narch 18, 2002 or ABSI | City | State | Zip |
|--|--|--------|-------|
| Owners Address | | | |
| If Rental, Owner Information: Name | Telephone # | | |
| | City | State | Zip. |
| Service Address Sume as above | ······································ | | |
| | City | State | Zip |
| Billing Address 13104 Cabin Gurt | Hudson | FL | 34667 |
| Name Irson & Circly Zatorski Telephone #(| | ount # | |
| | - | • | |

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ans Signature

3-16-02 Date

Robert Bammann ISSUING OFFICER President TITLE