

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 1/15/2008 **Docket No.:** 080049 - WS

1. Division Name/Staff Name: Ecr/ Kaproth

2. OPR: Kaproth *KK*

3. OCR: Fleming *WTF*

4. Suggested Docket Title: Request for a waiver of the remaining 2005 Annual Report penalty.

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5. Suggested Docket Mailing List (attach separate sheet if necessary)

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

1. Parties and their representatives (if any):

East Marion Sanitary Systems, Inc	Joseph E. Brannon, CPA
Herbert Hein, President	106 N.E. 14th Avenue
6-4225 Miller Road, #190	Ocala, FL 34470 - 0657
Flint, MI 48507-1227	

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER - DATE
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