

COMMISSIONERS:
MATTHEW M. CARTER II, CHAIRMAN
LISA POLAK EDGAR
KATRINA J. MCMURRIAN
NANCY ARGENZIANO
Nathan A. Skop

STATE OF FLORIDA



TIMOTHY DEVLIN, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6900

Public Service Commission

March 16, 2009

RECEIVED-FPSC
09 MAR 17 PM 4:30
COMMISSION
CLERK

Haines City Parks and Recreation Department
Attn: Auburn Dover
555 Ledwith Ave.
Haines City, FL 33844

Re: Docket No. 090072-WU, Application for a Staff Assisted Rate Case by Keen Sales, Rentals and Utilities, Inc. In Polk County.

Dear Ms. Dover:

This letter is to confirm our reservation of the Bethune Auditorium for Thursday, July 23, 2009 from 6:00 p.m. to 8:30 p.m. We are planning to hold a general customer meeting beginning at 6:00 p.m. We may finish the general customer meeting before 8:30 p.m. depending on the number of attendees and the number of comments received.

If you have any questions, please contact Rick Wright at (850) 413-6435. Thank You.

Sincerely,

A handwritten signature in cursive script that reads "Bart Fletcher".

Bart Fletcher
Public Utilities Supervisor

BF/Lar

cc: Division of Economic Regulation (Wright, Bulecza-Banks, Daniel, Fletcher)
Office of General Counsel Services (Klancke)
Office of Commission Clerk (Docket No. 090072-WU)

DOCUMENT NUMBER-DATE

02287 MAR 17 09

FPSC-COMMISSION CLERK

HAINES CITY PARKS AND RECREATION DEPARTMENT
219 South 5th Street, 421-3700
APPLICATION FOR RECREATION FACILITY USE

2/24/09
Date

Facility Requested: BETHUNE AUDITORIUM

Date Requested: 7/23/09

Name of Program/Event: FLORIDA PUBLIC SERVICE COMM. MEETING

Brief Description of Program/Event: CUSTOMER MEETING WITH KEEN SALES, RENTALS + UTILITIES INC.

(If you are having music at your event, you are allowed no more than two speakers.)

Time of Program/Event : From 2:00 To 8:30

How will Program/Event be Advertised or Promoted? _____ Estimated Attendance: 100

Will alcohol be present? no Are you charging? no

Name of Organization (Sponsor): FL. PUBLIC SERVICE COMM Phone 850-413-6435

Address: Street 2540 SHUMARD OAK BLVD City TALL. State FL Zip 32399-0850

Person Responsible for Program/Charges: RICK WRIGHT Phone 850-413-6435

Address: Street SAME AS ABOVE City _____ State _____ Zip _____

ITEM-CHARGE			AMOUNT
<u>Rental fee</u>	<u>Receipt #</u>	<u>Check #</u>	\$ <u>N/A</u>
<u>Clean up deposit</u>	<u>Receipt #</u>	<u>Cash /Cashiers Check</u>	\$ <u>N/A</u>

TAX EXEMPTION NUMBER: _____

TOTAL AMOUNT DUE: \$ _____

Payment and application must be made FOURTEEN (14) calendar days prior to event.
Alcohol Permit requires TWENTY (20) days notice.
Make checks payable to: Haines City Recreation Department

(Over)

I, Cheryl Buleeza-Banks, received, read and understand the Haines City Recreation
(please print)

Department building regulations, refunds, and rules policy. I do hereby agree to indemnify and hold harmless the City of Haines City from any and all liability arising out of my use of the recreation facility. I understand that my program/event will be terminated should it create any violation of City of Haines City ordinances. I also understand that I will be unable to use said facilities in the future as a result of a violation of city policies.

I, the undersigned, agree to abide by the regulations governing the said facility and am responsible for charges incurred to the Recreation Department including any damages to the facility. I also understand that police officers may be required.

[Signature]
APPLICANTS SIGNATURE
I have read and understand the facility regulations, refunds and rules policy. 2/24/09 DATE
CBB Initial

If relevant the applicant shall supply a "Certificate of Insurance" reflecting minimum coverage of \$1,000,000. The City of Haines City shall be named as an additional insured which shall be noted on the certificate. The Certificate shall indicate that the applicant's insurance policy shall not be cancelled without thirty (30) days prior written notice to the City of Haines City.

APPLICANT'S SIGNATURE DATE

OFFICE USE ONLY

Contract/Application: _____ Approved _____ Disapproved

Parks & Recreation Director Date

Certificate of Insurance Required: _____ Yes _____ No Date Received _____
Police Officers Required: _____ Yes _____ No

Comments: _____

