

State of Florida



# Public Service Commission

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TALLAHASSEE, FLORIDA 32399-0844

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-M-E-M-O-R-A-N-D-U-M- COMMISSION  
CLERK

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**DATE:** May 3, 2011

**TO:** Lynn M. Deamer, Regulatory Analyst Supervisor, Office of Auditing and Performance Analysis

**FROM:** Clarence J. Prestwood, Chief of Auditing, Office of Auditing and Performance Analysis *CJP*

**RE:** Docket No: 110130-WS  
Utility Name: Shangri-La By the Lake Utilities, Inc.  
Audit Request: Determine Eligibility for SARC  
Audit Control No: 11-123-1-1

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Complete the attached form for determining eligibility for staff assistance and mail under a transmittal letter to Andrew Maurey, Division of Economic Regulation, with a copy to me no later than May 13, 2011.

By copy of this memorandum, I request that Lynn M. Deamer and I be added to the CASR distribution list as OCR staff.

CJP/ld  
Attachment

CC: ✓ Office of Commission Clerk  
Division of Economic Regulation (Maurey)

DOCUMENT NUMBER-DATE

03036 MAY-3 =

FPSC-COMMISSION CLERK

COMPANY NAME: \_\_\_\_\_ AUDITOR: \_\_\_\_\_  
 DOCKET NO.: \_\_\_\_\_ AUDIT CONTROL NO.: \_\_\_\_\_

SHORT FORM RATE CASE (Applicable to WAW Only)

PRELIMINARY AUDIT SCOPE

	<u>YES</u>	<u>NO</u>
(1) Does the utility have annual revenues of \$250,000 or less for each service provided or \$500,000 or less where the services are combined?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Were the applicant's books and records organized consistent with Rule 25-30.455, Florida Administrative Code, so as to allow Commission personnel to verify cost and other relevant factors within the 30-day time frame set out in the rule?	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is the utility current in its filing of annual reports? Date last report filed: _____	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is the utility current in its payment of applicable gross receipt tax or assessment fees? Date of last payment? _____ Amount? _____	<input type="checkbox"/>	<input type="checkbox"/>
(5) Is the utility a subsidiary to a larger corporation? If yes - Name immediate parent. _____	<input type="checkbox"/>	<input type="checkbox"/>
(6) Is the utility included in a consolidated Federal Income Tax return? If yes - name immediate parent. _____	<input type="checkbox"/>	<input type="checkbox"/>
(7) Comments or other financial and accounting matters which came to the attention of the auditor during the review.	<input type="checkbox"/>	<input type="checkbox"/>