

State of Florida



Public Service Commission

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TALLAHASSEE, FLORIDA 32399-0850

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COMMISSION
CLERK

DATE: May 24, 2011
TO: Linda Hill-Slaughter, Regulatory Analyst Supervisor, Office of Auditing and Performance Analysis
FROM: Clarence Prestwood, Chief of Auditing, Office of Auditing and Performance Analysis *CP*
RE: Docket No: 110165-SU
Utility Name: Utility Corporation of Florida, Inc.
Audit Purpose: Determine Eligibility for SARC
Audit Control No: 11-144-2-1

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 31, 2011.

By copy of this memorandum, I request that Linda Hill-Slaughter and I be added to the CASR distribution list as OCR staff.

CP/ir
Attachment

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

DOCUMENT NUMBER-DATE

03659 MAY 24 =

FPSC-COMMISSION CLERK

COMPANY NAME:	Utility Corporation of Florida, Inc.	AUDITOR:	Tomer Kopelovich
DOCKET NO.:	110165-SU	AUDIT CONTROL NO.:	11-144-2-1

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 checked="" 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"/>