

RECEIVED FPSC
13 AUG - 5 PM 2: 15
COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Marys Kristina</i> <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 130188-EM</p> <p>GAINESVILLE REGIONAL UTIL./CITY OF GAINESVILLE P. O. BOX 147117, STATION A-138 GAINESVILLE, FLORIDA 32614-7117</p> <p><i>Notice of Complaint</i></p>	<p>B. Received by (Printed Name) <i>Marys Kristina</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><i>AUG 1 2013</i> GAINESVILLE, FLORIDA</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0003 8795 1492</p>	