

State of Florida



## Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

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**DATE:** March 6, 2015

**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

**FROM:** Kelley F. Corbari, Senior Attorney, Office of the General Counsel: RAS Section *KFC*

**RE:** **Docket No. 150000-OT** – East Marion Sanitary Systems, Inc. – Apparent violations of Sections 367.0816, 367.081 and 367.091, Florida Statutes, and Rule 25-30.350, Florida Administrative Code, and Possible implementation of show cause proceedings against East Marion Sanitary Systems, Inc. pursuant to Sections 350.127 and 367.161, Florida Statutes.

**Docket No. 010869-WS** – Application for staff-assisted rate case in Marion County by East Marion Sanitary Systems, Inc.

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Attached please find the signed certified return receipt card evidencing receipt of staff's of February 26, 2015, letter to Mike Smallridge and East Marion Sanitary Systems, Inc. advising the utility of its over-collection of rate case expenses and possible initiation of show cause proceeding. (Doc. No. 01166-15).

Please file the card in the above docket files and reference Document No. 01166-15 and Docket No. 010869-WS with the filing.

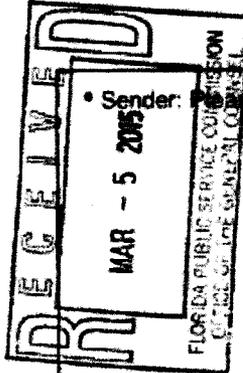
Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact me.

KFC

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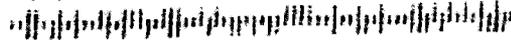


• Sender: Please print your name, address, and ZIP+4 in this box •

Kelley F. Corbari, Esq.  
Office of the General Counsel  
FLORIDA PUBLIC SERVICE COMMISSION  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Docket No. 010869-WS  
East Marion Sanitary Systems, Inc.

RE: Doc # 010869-15



SENDER (COMPLETE THIS SECTION)		ADDRESSEE (COMPLETE THIS SECTION)	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to:		C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>Mr. Mike Smallridge, Operator EAST MARION SANITARY SYSTEMS, INC. 3336 Grand Blvd., Suite 102 Holiday, FL 34690</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number # <b>7006 0100 0003 1097 3126</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102505-00-M-0912	