

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:** July 10, 2015  
**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk  
**FROM:** Kelley F. Corbari, Senior Attorney, Office of the General Counsel *KFC*  
**RE:** **Docket No. 140219-WU** – Application for staff-assisted rate case in Polk County by Alturas Utilities, LLC.  
**Docket No. 140220-WU** – Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC.

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Attached please find a copy documents received from Alturas Utilities, LLC and Sunrise Utilities, LLC, in response to Staff's Third Data Requests. Please file the attached documents in the above-referenced docket files.

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

KFC

RECEIVED-PPSC  
15 JUL 10 AM 11:07  
COMMISSION  
CLERK

## Kelley Corbari

---

**From:** L SZABO <l.szabo@rogers.com>  
**Sent:** Friday, July 10, 2015 9:43 AM  
**To:** Kelley Corbari  
**Cc:** l.szabo@rogers.com  
**Subject:** invoices  
**Attachments:** Alturus Lead & Copper Samples 2015(20.xls; Sunrise Lead & Copper Samples 2015(20.xls; Wiley June Alturus 72015(2).xls; Wiley june Sunrise 72015(2).xls

Hello Ms Kelley,

I am sending as attachmenbts Wiley Pratt invoices for regulatory orders already complied.

Thank you again for our yesterday conversation.

Leslie Szabo

140219-WU

Remit To:

# WILEY PRATT

513 TERRANOVA CIRCLE  
WINTER HAVEN, FLORIDA 33884  
863-698-6207 fax

Invoice No. 29A

## INVOICE

### Customer

Name Alturas Utilities  
Owner Leslie Szabo  
Phone (954) 455-0026

Date 6/1/2015  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

| Date | Description                | Hours | Total    |
|------|----------------------------|-------|----------|
|      | <b>SAMPLES 2015</b>        |       |          |
|      | LEAD & COPPER (5 @ 125.00) |       | \$625.00 |

Subtotal \$375.00

**TOTAL** \$375.00

### Payment Details

- Cash  
 Check  
 Credit Card

Office Use Only

# CUSTOMIZE YOUR INVOICE

Hover Your Pointer  
HERE for a Useful Tip!

## Type Company Information Here...

|              |                      |       |              |
|--------------|----------------------|-------|--------------|
| Company Name | WILEY PRATT          | Phone | 863-698-6207 |
| Address      | 513 TERRANOVA CIRCLE | Fax   |              |
| City         | WINTER HAVEN         |       |              |
| State        | FLORIDA              |       |              |
| ZIP Code     | 33884                |       |              |

## Specify Default Invoice Information Here...

|                                     |  |                       |        |
|-------------------------------------|--|-----------------------|--------|
| 1st Tax Name                        | State  | Credit Cards Accepted |        |
| Rate                                | 5.00%  | Credit Card #1        |        |
| <input checked="" type="checkbox"/> | Apply tax on local purchases only.                         | Credit Card #2        |        |
|                                     |  | Credit Card #3        |        |
| 2nd Tax Name                        |  | Shipping Charge       | \$7.00 |
| Rate                                |  | Counter Location      |        |
| <input type="checkbox"/>            | Apply tax on local purchases only.                         |                       |        |
| <input type="checkbox"/>            | Share invoice numbers on network.                          |                       |        |
| Template Wizard Database            | c:\program files\microsoft office\office\library\invdb.xls |                       |        |

## Formatted Information

|   |
|---|
| <b>WILEY PRATT</b><br>513 TERRANOVA CIRCLE<br>WINTER HAVEN, FLORIDA 33884<br>863-698-6207 fax |
|---|

140220-WU

Remit To:

**WILEY PRATT**  
513 TERRANOVA CIRCLE  
WINTER HAVEN, FLORIDA 33884  
863-698-6207 fax

Invoice No. 29A

**INVOICE**

**Customer**

Name Sunrise Utilities  
Owner Leslie Szabo  
Phone (863.) 651 0259

Date 6/1/2015  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

| Date | Description                 | Hours | Total      |
|------|-----------------------------|-------|------------|
|      | <u>MAY SAMPLES</u>          |       |            |
|      | LEAD & COPPER (10 @ \$ 125) |       | \$1,250.00 |

Subtotal \$750.00

**Payment Details**

- Cash
- Check
- Credit Card

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL** \$750.00

Office Use Only

\_\_\_\_\_

# CUSTOMIZE YOUR INVOICE

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HERE for a Useful Tip!

## Type Company Information Here...

|              |                      |       |              |
|--------------|----------------------|-------|--------------|
| Company Name | WILEY PRATT          | Phone | 863-698-6207 |
| Address      | 513 TERRANOVA CIRCLE | Fax   |              |
| City         | WINTER HAVEN         |       |              |
| State        | FLORIDA              |       |              |
| ZIP Code     | 33884                |       |              |

## Specify Default Invoice Information Here...

|                                     |  |                       |        |
|-------------------------------------|--|-----------------------|--------|
| 1st Tax Name                        | State  | Credit Cards Accepted |        |
| Rate                                | 5.00%  | Credit Card #1        |        |
| <input checked="" type="checkbox"/> | Apply tax on local purchases only.                         | Credit Card #2        |        |
|                                     |  | Credit Card #3        |        |
| 2nd Tax Name                        |  | Shipping Charge       | \$7.00 |
| Rate                                |  | Counter Location      |        |
| <input type="checkbox"/>            | Apply tax on local purchases only.                         |                       |        |
| <input type="checkbox"/>            | Share invoice numbers on network.                          |                       |        |
| Template Wizard Database            | c:\program files\microsoft office\office\library\invdb.xls |                       |        |

## Formatted Information

|   |
|---|
| <b>WILEY PRATT</b><br>513 TERRANOVA CIRCLE<br>WINTER HAVEN, FLORIDA 33884<br>863-698-6207 fax |
|---|



Remit To:

**WILEY PRATT**  
 513 TERRANOVA CIRCLE  
 WINTER HAVEN, FLORIDA 33884  
 863-698-6207 fax

Invoice No.

30

**INVOICE**

**Customer**

Name Alturas Utilities  
 Owner Leslie Szabo  
 Phone (954) 455-0026

Date 7/1/2015  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

| Date | Description                       | Hours | Total    |
|------|-----------------------------------|-------|----------|
|      | <b><u>JUNE 2015</u></b>           |       |          |
|      | MONTHLY SAMPLES(3 @ \$15.00)      |       | \$45.00  |
|      | CALLED PSC                        |       | \$75.00  |
|      | ALTURAS PAPERWORK PSC (7/1/2015)  |       | \$75.00  |
|      | FLUSHED SYSTEM                    |       | \$50.00  |
|      | DOH PHONE CALL                    |       | \$75.00  |
|      | <b>CCR REPORT</b>                 |       | \$150.00 |
|      | ALTURAS PAPERWORK PSC (7/15/2015) |       | \$75.00  |
|      |                                   |       |          |
|      |                                   |       |          |
|      |                                   |       |          |

Subtotal \$545.00

**Payment Details**

- Cash
- Check
- Credit Card

**TOTAL** \$545.00

Office Use Only

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|--------------|----------------------|-------|--------------|
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| Address      | 513 TERRANOVA CIRCLE | Fax   |              |
| City         | WINTER HAVEN         |       |              |
| State        | FLORIDA              |       |              |
| ZIP Code     | 33884                |       |              |

## Specify Default Invoice Information Here...

|                                     |  |                       |        |
|-------------------------------------|--|-----------------------|--------|
| 1st Tax Name                        | State  | Credit Cards Accepted |        |
| Rate                                | 5.00%  | Credit Card #1        |        |
| <input checked="" type="checkbox"/> | Apply tax on local purchases only.                         | Credit Card #2        |        |
|                                     |  | Credit Card #3        |        |
| 2nd Tax Name                        |  | Shipping Charge       | \$7.00 |
| Rate                                |  | Counter Location      |        |
| <input type="checkbox"/>            | Apply tax on local purchases only.                         |                       |        |
| <input type="checkbox"/>            | Share invoice numbers on network.                          |                       |        |
| Template Wizard Database            | c:\program files\microsoft office\office\library\invdb.xls |                       |        |

## Formatted Information

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|---|
| <p><b>WILEY PRATT</b><br/>513 TERRANOVA CIRCLE<br/>WINTER HAVEN, FLORIDA 33884<br/>863-698-6207 fax</p> |
|---|



Remit To:

**WILEY PRATT**  
 513 TERRANOVA CIRCLE  
 WINTER HAVEN, FLORIDA 33884  
 863-698-6207 fax

Invoice No.

30

**INVOICE**

**Customer**

Name Sunrise Utilities  
 Owner Leslie Szabo  
 Phone (954) 455-0026

Date 7/1/2015  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

| Date | Description                       | Hours | Total    |
|------|-----------------------------------|-------|----------|
|      | <b>JUNE 2015</b>                  |       |          |
|      | MONTHLY SAMPLES(4 @ \$15.00)      |       | \$60.00  |
|      | DOH PHONE CALL                    |       | \$75.00  |
|      | SUNRISE CALLED PSC                |       | \$75.00  |
|      | SUNRISE PAPERWORK PSC (7/2/2015)  |       | \$75.00  |
|      | FLUSHED SYSTEM                    |       | \$50.00  |
|      | SUNRISE PAPERWORK PSC (7/15/2015) |       | \$75.00  |
|      | <b>CCR REPORT</b>                 |       | \$150.00 |
|      |                                   |       | Subtotal |
|      |                                   |       | \$560.00 |

**Payment Details**

- Cash
- Check
- Credit Card

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Subtotal

\$560.00

**TOTAL**

\$560.00

Office Use Only

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# CUSTOMIZE YOUR INVOICE

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HERE for a Useful Tip!

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|--------------|----------------------|-------|--------------|
| Company Name | WILEY PRATT          | Phone | 863-698-6207 |
| Address      | 513 TERRANOVA CIRCLE | Fax   |              |
| City         | WINTER HAVEN         |       |              |
| State        | FLORIDA              |       |              |
| ZIP Code     | 33884                |       |              |

## Specify Default Invoice Information Here...

|                                     |  |                       |        |
|-------------------------------------|--|-----------------------|--------|
| 1st Tax Name                        | State  | Credit Cards Accepted |        |
| Rate                                | 5.00%  | Credit Card #1        |        |
| <input checked="" type="checkbox"/> | Apply tax on local purchases only.                         | Credit Card #2        |        |
|                                     |  | Credit Card #3        |        |
| 2nd Tax Name                        |  | Shipping Charge       | \$7.00 |
| Rate                                |  | Counter Location      |        |
| <input type="checkbox"/>            | Apply tax on local purchases only.                         |                       |        |
| <input type="checkbox"/>            | Share invoice numbers on network.                          |                       |        |
| Template Wizard Database            | c:\program files\microsoft office\office\library\invdb.xls |                       |        |

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|---|

## Kelley Corbari

---

**From:** L SZABO <l.szabo@rogers.com>  
**Sent:** Friday, July 10, 2015 10:35 AM  
**To:** Kelley Corbari  
**Cc:** l.szabo@rogers.com  
**Subject:** additional compliances invoices  
**Attachments:** Alturas TTHM HAA5s Samples 2015(2.xls; Sunrise TTHM HAA5s Samples 2015(2).xls

Hello Ms.Kelley,

I missed to send those invoices.

Leslie Szabo

140219-WU

Remit To:

**WILEY PRATT**  
513 TERRANOVA CIRCLE  
WINTER HAVEN, FLORIDA 33884  
863-698-6207 fax

Invoice No. 30A

**INVOICE**

**Customer**

Name Alturas Utilities  
Owner Leslie Szabo  
Phone (954) 455-0026

Date 7/1/2015  
Order No. \_\_\_\_\_  
Rep \_\_\_\_\_  
FOB \_\_\_\_\_

| Date | Description         | Hours | Total    |
|------|---------------------|-------|----------|
|      | <b>SAMPLES 2015</b> |       |          |
|      | TTHM & HAA5s        |       | \$590.00 |

|              |                 |
|--------------|-----------------|
| Subtotal     | \$590.00        |
| <b>TOTAL</b> | <b>\$590.00</b> |

**Payment Details**

- Cash
- Check
- Credit Card

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\_\_\_\_\_  
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Office Use Only

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| City         | WINTER HAVEN         |       |              |
| State        | FLORIDA              |       |              |
| ZIP Code     | 33884                |       |              |

## Specify Default Invoice Information Here...

|                                     |  |                       |        |
|-------------------------------------|--|-----------------------|--------|
| 1st Tax Name                        | State  | Credit Cards Accepted |        |
| Rate                                | 5.00%  | Credit Card #1        |        |
| <input checked="" type="checkbox"/> | Apply tax on local purchases only.                         | Credit Card #2        |        |
|                                     |  | Credit Card #3        |        |
| 2nd Tax Name                        |  | Shipping Charge       | \$7.00 |
| Rate                                |  | Counter Location      |        |
| <input type="checkbox"/>            | Apply tax on local purchases only.                         |                       |        |
| <input type="checkbox"/>            | Share invoice numbers on network.                          |                       |        |
| Template Wizard Database            | c:\program files\microsoft office\office\library\invdb.xls |                       |        |

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|---|

140220-wu

Remit To:

# WILEY PRATT

513 TERRANOVA CIRCLE  
WINTER HAVEN, FLORIDA 33884  
863-698-6207 fax

Invoice No. 30A

## INVOICE

### Customer

Name Sunrise Utilities  
 Owner Leslie Szabo  
 Phone (954) 455-0026

Date 7/1/2015  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

| Date | Description                | Hours | Total      |
|------|----------------------------|-------|------------|
|      | <b><u>SAMPLES 2015</u></b> |       |            |
|      | TTHM & HAA5s (2 SETS)      |       | \$1,180.00 |

Subtotal \$1,180.00

**TOTAL** \$1,180.00

### Payment Details

- Cash
- Check
- Credit Card

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 \_\_\_\_\_  
 \_\_\_\_\_

Office Use Only

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