STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida *, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Statutes, or Section treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: <u>West La Keland Wastewater, LLC</u> FEIN or SS No. 27-355156 Address: <u>5911 Trouble Creek Rd</u> <u>New Port Richey, FL 34652</u> . Amount: <u>\$500</u> Date Paid Reason for Claim: <u>Over payment of filing fee</u> <u>CERTIFIED TRUE AND CORRECT this 31 day of Janagy</u> , 219 Signature * Must be completed if authority is other than Section 215.26, Florida Statutes.
<u>Mew Port Richey, FL 34652</u> . Amount: <u>\$500</u> Date Paid Reason for Claim: <u>Over payment of filing for</u> <u>CERTIFIED TRUE AND CORRECT this 3/ day of Jaway</u> , 21/9 Signature <u>Signature</u> * Must be completed if authority is other than Section 215.26, Florida Statutes.
Amount: \$500 Date Paid Reason for Claim: Over payment of filing for CERTIFIED TRUE AND CORRECT this 3/ day of Jaway, 21/9 Signature Must be completed if authority is other than Section 215.26, Florida Statutes.
Reason for Claim: Over payment of filing fee CERTIFIED TRUE AND CORRECT this 3/ day of January, 21/9 Signature And Signature
Reason for Claim: <u>Over payment of filing fee</u> <u>CERTIFIED TRUE AND CORRECT this</u> <u>31 day of Jaway</u> , <u>2119</u> <u>Signature</u> * Must be completed if authority is other than Section 215.26, Florida Statutes.
* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)
Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$
State Treasurer's Receipt No dated O
NAME OF ACCOUNT:
ACCOUNT CODE
Statutory Authority for Collection:
NAME OF ACCOUNT:
ACCOUNT CODE
CERTIFIED TRUE AND CORRECT thisday of,,
Signature of Authorized Person

Agency

Signature of Authorized Person

Title

Mike Smallridge

From: Sent: To: Subject: Adam Teitzman [ATEITZMA@psc.state.fl.us] Tuesday, January 29, 2019 8:30 AM 'mike@fus1llc.com' RE: Docket No. 20180202-SU

Mr. Smallridge,

I have been notified by our fiscal department that because you filed a W-9 last year and it is still in the system, you will <u>not</u> be required to do so again. Accordingly, all you will need to do is complete the DFS-AA-4 Application for Refund and mail it to the Commission.

Sincerely,

Adam J. Teitzman Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 Adam.Teitzman@psc.state.fl.us 850.413.6826

From: Adam Teitzman Sent: Monday, January 28, 2019 5:29 PM To: 'mike@fus1llc.com' Cc: Sharon Allbritton Subject: Docket No. 20180202-SU

Mr. Smallridge,

Attached please find a letter that was filed today in Docket No. 20180202-SU regarding a partial refund of your filing fee.

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Regards,

Adam J. Teitzman Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399 <u>Adam.Teitzman@psc.state.fl.us</u> 850.413.6826 On

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