CK# 9092

Amnt: \$ 750.00

nnt & 130.00

Date: 12/27/23

XU

Deposit Date
JAN 11 2024

Deposit Number

FILED 1/11/2024 DOCUMENT NO. 00148-2024 FPSC - COMMISSION CLERK

DK+# 20240011-WS

FLORIDA PUBLIC SERVICE COMMISSION

INSTRUCTIONS FOR COMPLETING EXAMPLE <u>APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORIZATION</u> <u>FOR A PROPOSED OR EXISTING SYSTEM REQUESTING</u> <u>INITIAL RATES AND CHARGES</u>

(Pursuant to Sections 367.031, 367.045, and 367.081, Florida Statutes, and Rule 25-30.033, Florida Administrative Code)

General Information

The attached form is an example application that may be completed by the applicant and filed with the Office of Commission Clerk to comply with Rule 25-30.033, Florida Administrative Code (F.A.C.). Any questions regarding this form should be directed to the Division of Engineering at (850) 413-6910.

Instructions

- 1. Fill out the attached application form completely and accurately.
- 2. Complete all the items that apply to your utility. If an item is not applicable, mark it "N.A." Do not leave any items blank.
- 3. Remit the proper filing fee pursuant to Rule 25-30.020, F.A.C., with the application.
- 4. Provide proof of noticing pursuant to Rule 25-30.030, F.A.C. This may be provided as a late-filed exhibit.
- 5. The completed application, attached exhibits, and the proper filing fee should be mailed to:

Office of Commission Clerk Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

2024 JAN II PHI2: 18

PSC 1001 (12/15) Rule 25-30.033, F.A.C.

APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORIZATION FOR A PROPOSED OR EXISTING SYSTEM REQUESTING INITIAL RATES AND CHARGES

(Pursuant to Sections 367.031, 367.045, and 367.081, Florida Statutes, and Rule 25-30.033, Florida Administrative Code)

To:

Office of Commission Clerk

	Florida Public Service 2540 Shumard Oak B Tallahassee, Florida 3	loulevard	
and/or inform	wastewater 🔀 utility ir	y makes application St. Johns	for original certificate(s) to operate a water 🔀 County, Florida, and submits the following
PART	I	APPLICANT	INFORMATION
A)	Contact Information for Utility. The utility's name, address, telephone number, Federal Employer Identification Number, and if applicable, fax number, e-mail address, and website address. The utility's name should reflect the business and/or fictitious name(s) registered with the Department of State's Division of Corporations: RIVERDALE UTILITY HOLDING INC.		
•	Utility Name		
	2120 CORPORATE SQUARE BOULEVARD, SUITE #3		
•	Office Street Address		
	JACKSONVILLE	FL	32216
•	City	State	Zip Code
	SAME ADDRESS		
•	Mailing Address (if different from Street Address)		
-	City	State	Zip Code
	(904) 724-7800 (904) 727-9500		
•	Phone Number		Fax Number
	93-2611011		
•	Federal Employer Iden	ntification Number	