

State of Florida

Public Service Commission

Floridian Building, 401 East Gaines Street
Tallahassee, Florida 32399-0854

W. Gilbert



Return Receipt Requested
No. 96-0265

14th Terrace
FL 32601-9244



RETURN RECEIPT
REQUESTED

DATE 11/11/94

1st NOTICE
2nd NOTICE
RETURN

Is your RETURN ADDRESS completed on the reverse side?
SENDER:
*Complete items 1 and/or 2 for additional services.
*Complete items 3, 4a, and 4b.
*Print your name and address on the reverse of this form so that we can return the form to you.
*Attach this form to the front of the mailpiece, or on the back if space does not permit.
*The "Return Receipt Requested" on the mailpiece below the article number, and the Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to: Chuck Gilbert 3819 S.E. 14th Terrace Gainesville FL 32601-9244	4a. Article Number 96-0265	I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name) X	4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery	6. Addressee's Address (Only if requested and fee is paid)
8. Signature: (Addressee or Agent)	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD	

Thank you for using Return Receipt Service.

DOCUMENT NUMBER DATE

12046 NOV 23 1994

FPSC-RECORDS/REPORTING