# ORIGINAL

SENDER:  #Complete items 1 and/or 2 for additional services.  #Complete items 3, 4a, and 4b.  #Frist your name and address on the reverse of this form so that we card to you.  #Altach this form to the front of the malipiece, or on the back if space permit.  #Writte 'Return Receipt Requested' on the malipiece below the article at the Return Receipt will show to whom the article was delivered and delivered.	number.	I also wish to receive the following services (for an extra fee):  1. Addresses's Address 2. Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: 981870-WS Florida Water Services P. O. Box 609520 Orlando, Florida 32860-9520	4b. Service Register Express Return Re 7. Date of D	98-198 B Type ed □ Certified Mail □ Insured celpt for Merchandise □ COD
5. Received By: (Print Name)  6. Signature: (Albidraffice or Agent)  X / Jalling	Addressee's Address (Only If requested and fee is paid)	
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## STATE OF FLORIDA

Commissioners: JULIA L. JOHNSON, CHAIRMAN J. TERRY DEASON SUSAN F. CLARK JOE GARCIA E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING BLANCA S. BAYÓ DIRECTOR (850) 413-6770

## Public Service Commission

### NOTICE OF COMPLAINT

TO

#### FLORIDA WATER SERVICES CORPORATION

Docket No. 981870-WS - Complaint by Lou Krause against Florida Water Services Corporation in Hernando County.

You are hereby notified that the above complaint, a copy of which is attached, has been filed with this Commission.

You may respond to this complaint by forwarding a response to this Division, with a copy to the complainant.

By DIRECTION of The Florida Public Service Commission, this 21st day of December, 1998.

**Bureau of Records** 

KF/abf Attachment

cc: Kenneth A. Hoffman, Esquire Office of Public Counsel Division of Legal Services **Division of Consumer Affairs** Division of Water and Wastewater