

ORIGINAL

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
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E. LEON JACOBS, JR.



CAPITAL CIRCLE OFFICE CENTER  
2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850

Public Service Commission

January 26, 1999

Richard S. Taylor, Jr., Esquire  
Post Office Box 1117  
Longwood, Florida 32752-1117

Re: Docket No. 971638-SU - Application for amendment of Certificate No. 226-S in Seminole County by Florida Water Services Corporation.

Dear Mr. Taylor:

Mr. Jonathan Davidson of the Florida Conflict Resolution Consortium (FCRC) has indicated to me that he has been in contact with both the City of Longwood and Florida Water Services Corporation (FWSC), and that both parties have expressed a willingness to mediate this case with the assistance of the FCRC. It is my understanding that you would like mediation to occur in the Orlando area with the Commission staff participating. Mr. Davidson has stated that he will send you a list of mediators for your convenience.

In order to initiate this process, please file a written request to mediate by February 9, 1999. For your convenience, a sample request for mediation has been attached hereto.

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

Once the requests have been received, a written Agreement to Engage in Mediation (Agreement) will need to be filed by the parties that choose to participate (please see draft Agreement, attached). The Agreement includes provisions for mediator selection, the allocation of any costs and fees associated with the mediation, and the mediating parties' understanding regarding the confidentiality of discussions and documents introduced during mediation. Mediation will conclude within 60 days of the date the Agreement is signed unless otherwise agreed upon by the parties. If mediation results in settlement of the administrative dispute, then pursuant to Section 120.573, Florida Statutes, the Commission will review it and enter a final order incorporating the agreement of the parties. If mediation terminates without settlement of the dispute, the Commission will notify the parties in writing that the administrative hearing process has resumed.

DOCUMENT NUMBER-DATE

An Affirmative Action/Equal Opportunity Employer

PSC Website: www.scri.net/psc

Internet E-mail: contact@psc.state.fl.us

01079 JAN 26 99

DOCUMENT NUMBER-DATE

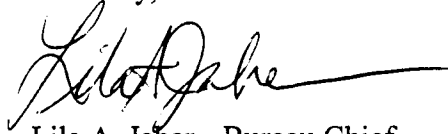
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Once you have had an opportunity to review the Agreement, please contact Jennifer Brubaker at (850) 413-6228 to assist in arranging the date and time of the mediation. I appreciate your willingness to pursue mediation. We look forward to working diligently with you on this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Lila A. Jaber", with a long horizontal flourish extending to the right.

Lila A. Jaber, Bureau Chief  
Bureau of Water and Wastewater

LAJ/jsb/lw

Attachments

cc: Jonathan Davidson (Florida Conflict Resolution Consortium)  
Division of Water and Wastewater (Williams, Messer, Redemann)  
Division of Records and Reporting  
Matthew Feil, Esquire

**Sample  
REQUEST FOR MEDIATION**

Florida Public Service Commission

\_\_\_\_\_  
NAME OF PARTY

\_\_\_\_\_  
PARTY'S REPRESENTATIVE (IF ANY)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER (VOICE)

\_\_\_\_\_  
TELEPHONE NUMBER (VOICE)

\_\_\_\_\_  
TELEPHONE NUMBER (FAX)

\_\_\_\_\_  
TELEPHONE NUMBER (FAX)

Statement of preliminary agency action in Docket No. \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
Using the space below or additional pages if necessary, explain how your substantial interests will be affected by the Florida Public Service Commission's decision in this case. Please also specifically state the relief sought.

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

# AGREEMENT TO ENGAGE IN MEDIATION

## FLORIDA PUBLIC SERVICE COMMISSION

Upon signing of this document, each of the parties identified below voluntarily agrees to engage in mediation in good faith for the purpose of resolving the disputed issues of Docket No. \_\_\_\_\_ . The process shall be concluded within 60 days of the date this agreement is signed unless otherwise agreed in writing by all parties.

Each party understands that choosing to engage in mediation is voluntary and does not confer or limit standing in any subsequent judicial or administrative proceeding. However, non-participation may limit standing as provided in Rule 28-106.111, FAC. Each party retains the right to a formal hearing before the Florida Public Service Commission (Commission) should the issues fail to be resolved through the mediation process. If any issues remain unresolved, the Commission shall notify the parties in writing of the legal remedies which remain available for disposition of the dispute and the deadlines for pursuing each within 7 days of the conclusion of the mediation.

If the parties have selected a mediator, provide the following. Name: \_\_\_\_\_ ;  
Address: \_\_\_\_\_ ; Telephone Number: \_\_\_\_\_ .

Each party agrees that the cost of engaging the services of an outside mediator will be shared equally among the parties (excluding the Commission) unless specifically stated otherwise and agreed to in writing by all parties.

Each party agrees that the Commission may assign a staff member to conduct the mediation unless a mutually agreed upon mediator is selected by the parties. There is no charge for mediation services when the mediation is conducted by a member of the Commission staff.

Each party agrees that all mediation communications of the parties or the mediator prepared for the purpose of mediation shall be considered confidential offers of settlement and are not admissible in subsequent administrative, legislative, or judicial proceedings, unless: agreed to in writing by all parties; the communication has already been made public; or, the communication is required to be made public by statute or judicial order.

Each party understands that any agreement reached through the mediation process is subject to final review by the Commission. The Commission's final review of the mediated agreement shall be limited to whether the agreement is lawful and in the public interest.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Party

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name of Party

Below, please list the date, time and place of the first mediation session.

Date of first mediation session \_\_\_\_\_ Time \_\_\_\_\_

Place first session to be conducted \_\_\_\_\_

Below, please list the names, addresses, and telephone numbers of any persons who may attend the mediation; please also indicate whether the person is authorized to settle or recommend settlement in this case:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Representing  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City                      State                      zipcode  
\_\_\_\_\_  
Telephone number  
Authorized to negotiate settlement: Yes \_\_\_ No \_\_\_