

APPLICANTLAGKNOWLEDGMENT

	Applicant: HERMAN G. BRUGE	KNER d/o/a	
	I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.		
	HERMAN G. BRUECKNER Print Name	Signature Slean	
	Title (941) 540 - 5518 Telephone No.	12/29/99 Date (941) 541-9008 Fax No.	
	Address: 1919 SE 3- CAPE GRAL,	7th TERRACE FL 33904	
AFA			
CTR EAG LEG MAS OPC RERR BEC WANN		HE APPLICATION BEFORE THE S. FAILURE TO DO SO WILL RESULT	

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511

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DOCUMENT NUMBER-DATE

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#992021-TC

ACKNOWLEDGMENT

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

HERMAN G. BRUEC Print Name	KNER Signature
OWNER	12/29/89
Title	Date
(941) 540-5518	(941) 541-9008
Telephone No.	Fax No.
Address: 1919 5	E. 37th TERRACE
CADE COR	AL, FL. 33904

UTILITY OFFICIAL: