State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

NOTICE LEFT:
1st 10-10-00
2nd 10-17
RETURN 10-25

CERTIFIED MAIL

7000 0600 00 26 4145 5938

Jack A. Ostrander
248 West Caribbean
Port St. Lucie FL 34952-3419

001069

OSTR248 349523012 1500 24 10/07/00
NOTIFY SENDER OF NEW ADDRESS
OSTRANDER'JACK A
1950 SW PALM CITY AVE APT 7-107
STUART FL 34994-4211

1796

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 001069

ck A. Ostrander
3 West Caribbean
t St. Lucie FL 34952-3419

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)*

B. Date of Delivery

C. Signature
X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.

ery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0026 4145 5938.

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

DOCUMENT NUMBER-DATE
14287 NOV-3 00
FPSC-RECORDS/REPORTING

APP
CAF
CMP 1
COM
CTR
ECR
LEG 1
OPC
PAI
RGO
SEC 1
SER
OTH