DEPOSIT DATE ORIGINAL 04/301-544 * 50 6 NOV 1 6 200 PP. I.CATION FOR AMENDMENT OF CERTIFICATE (EXTENSION OF DELETION) 04 HOV 12 MI 3: 52 (Pursuant to Section 367.045, Florida Statutes) 04 HOV 12 MI 3: 52 To: Director, Division of the Commission Clerk & Administrative Services (## 5595 Florida Public Service Commission (## 5596) 240 Shumard Oak Blvd. (## 5067) The undersigned hereby makes application for amendmembol of Water Certificate No. 219 m 5 (add or delete) territory located in 100 HOV andor Wastewater Certificate No. 219 m 5 (add or delete) territory located in 100 HOV (add or delete) territory located in 100 HOV An The full name (as it appears on the certificate), address and telephone number of the applicant: (386) 1573-7822 Phone No. 115 E. Granada Blvd. Sulte 12 (386) 1573-7822 Office street address 210 Omod Beach, FL 32175 Mailing address if applicable B) The nume address and telephone number of the person to contact concerning this application: (add created address) CMP Robert L. HULLIDAN (386 A76-0836) (add created address) City State Zip Code (add created address) Comod Beach, FL 32176 (city) State Zip Code	: The	7 110 40 44 90					Receive B	MINIAI C	41301	-SU	
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The undersigned hereby makes application for amendmetho of Water Certificate No. 1/2 and/or Wastewater Certificate No. 2/49 ro S(add or delete) territory located in _voluera County, Florida, and submits the following information: PART 1 APPLICANT INFORMATION A) The full name (as it appears on the certificate), address and telephone number of the applicant: North Peninsula Utilities Corp. Name of utility (386)676-0836 (386)673-7822 Phone No. Fax No. 115 E. Granada Blvd. Sulte 12 Office street address Ormond Beach, Fl 32175 Mailing address if different from street address Internet address if applicable B) The name, address and telephone number of the person to contact concerning this application: CMP Robert L. Hillman CIT 115 E. Granada Blvd. Suite 12 COM Name Phone No. Fax No. CIT 115 E. Granada Blvd. Suite 12 COM Name Phone No. Case Af6-0835 Come Phone No. ECR Street address Internet address if applicable Dimon ho. B) <th></th> <th>506N</th> <th>ov 1 (</th> <th></th> <th></th> <th>AMENDMI SION OR D</th> <th>ENT O ELETI</th> <th>F CERTIFICATE ION) OL MAN</th> <th>12 AN 8 5</th> <th>52</th>		506N	ov 1 (AMENDMI SION OR D	ENT O ELETI	F CERTIFICATE ION) OL MAN	12 AN 8 5	52	
and/or Wastewater Certificate No. 249 to S (add or delete) territory located in a Good of County, Florida, and submits the following information: PART I APPLICANT INFORMATION A) The full name (as it appears on the certificate), address and telephone number of the applicant: North Peninsula Utilities Corp. Name of utility (386)676-0836 (386)673-7822 Phone No. Fax No. 115 E. Granada Blvd. Suite 12 Office street address Ormond Beach, FL 32176 City State P.O. Box 2803 Ormond Beach, FL 32175 Mailing address if different from street address Internet address if applicable B) The name, address and telephone number of the person to contact concerning this application: CMP Robert L. Hillman CIT 115 E. Granada Blvd. Suite 12 COM Name CIT 115 E. Granada Blvd. Suite 12 SCR Origond Beach, FL 32176 City State Zip Code PSCECR 008-W (Rev. 291) Chaet received with film and toward doposit Information is Records. Water of protein with second. Cheet received with film and toward doposit Information is Records.		Florida Public Service Co 2540 Shumard Oak Blvd.				sion	& Adı	ninistrative Services	rvices (K# 5595 (K# 100.00 11/09/04		
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