## State of Florida



## Public Service Commission

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

-M-E-M-O-R-A-N-D-U-M-

DATE:

May 18, 2015

TO:

Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk

FROM:

Amber M. Norris, Public Utilities Supervisor, Division of Accounting & Finance

RE:

Docket No. 140239-WS - Application for staff-assisted rate case in Polk County by

Orchid Springs Development Corporation.

Please place the following email and its attachment in the above-referenced docket file.

Thank you.

COMMISSION

RECEIVED PPSC

## **Amber Norris**

From:

Steve Cassidy <scassidy@cassidyhomes.com>

Sent:

Monday, April 27, 2015 10:01 AM

To:

**Amber Norris** 

Subject:

Orchid Springs Water & Sewer Company

**Attachments:** 

Scanned from Cassidy.pdf

Amber,

Attached is a copy of the current year insurance invoice. This is for a \$1,000,000 general liability policy that covers all of Orchid Springs Development Corp assets. The property coverage for the clubhouse is under a separate policy.

Let me know if this works,

**Steve Cassidy** 

From: <a href="mailto:com/cassidyhomesservices@gmail.com/">cassidyhomesservices@gmail.com/">cassidyhomesservices@gmail.com</a>

Sent: Monday, April 27, 2015 9:46 AM

To: Steve Cassidy

Subject: Scanned from Cassidy

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Printer.

Attachment File Type: pdf, Multi-Page

**Multifunction Printer Location:** 

Device Name: Xerox7835

Have a nice day

## "Mulling Insurance Agency, Inc.

P O Box 308 208 E Park Street Auburndale, FL 33823-0308 Phone: 863-967-4454 Fax: 863-967-7592

INVOICE#	30534	Page 1
ACCOUNT NO. OF	DATE	
ORCH-03 LS  BALANCE DUE ON	02/06/15	;

Orchid Springs Development
Mike Cassidy
346 E Central Ave
Winter Haven, FL 33880

042333	02/26/13	CFE	CAB	Taxes/Fees Invoice Balance: Account Balance:	\$ <b>\$</b>	247.95 1,380.95 1,380.95
642355	02/26/15	CFE	CPP	15-16 GL Renewal	Ş	1,133.00
642354	02/26/15	REN	CPP	and the second	_	Amount
Itm #	Eff Date	mrn.	Тить	Description		

Thank you. We appreciate your business! Make your check payable to Mulling Insurance Agency, Inc.