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STATE OF FLORIDA



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CARLOTTA S. STAUFFER
COMMISSION CLERK
(850) 413-6770

Public Service Commission

December 7, 2016

Mr. Mike Smallridge
Florida Utility Services 1, LLC
3336 Grand Blvd., Suite 102
Holiday, FL 34690

Re: Application for Limited Proceeding Rate Increase in Pasco County by Crestridge Utilities, LLC – Withdrawal of Application (Docket No. 160218-WU)

Dear Mr. Smallridge:

Staff has advised by memorandum dated December 5, 2016, that the above-referenced docket should be closed and your application fee refunded. The docket has been closed. Please complete the following steps so that your refund may be processed:

- Complete a "substitute W-9" form, required by the Florida Department of Financial Services (DFS) for all state warrant recipients; see <https://flvendor.myfloridacfo.com>.
- Complete the attached application for refund (form DFS-AA-4).
- Mail both forms to Ms. Sharon Allbritton, Florida Public Service Commission, Fiscal Services Section, 2540 Shumard Oak Boulevard, Tallahassee, FL 32399-0850.

Please direct any questions to Ms. Allbritton at 850/413.6999.

Sincerely,

Handwritten signature of Carlotta S. Stauffer in cursive.

Carlotta S. Stauffer
Commission Clerk

/css
Attachment
cc: Sharon Allbritton, AIT-FSS

RECEIVED - FPSC
2016 DEC - 7 PM 4:10
COMMISSION CLERK

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money.

Pursuant to the provisions of Rule 69I-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: _____ FEIN or SS No _____

Address: _____

Amount: _____ Date Paid _____

Reason for Claim: _____

CERTIFIED TRUE AND CORRECT this ____ day of _____, _____

Signature _____

* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ _____.

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____.

NAME OF ACCOUNT: _____

ACCOUNT CODE											

Statutory Authority for Collection: _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE											

CERTIFIED TRUE AND CORRECT this ____ day of _____, _____

Agency

Signature of Authorized Person

Title