

<b>REQUEST TO ESTABLISH DOCKET</b> (Please type or print. File original with CLK.)		
<b>Date:</b>	3/13/2020	
<b>1. From Division / Staff:</b>	IDM / Eichler	<i>JE CH</i>
<b>2. OPR:</b>	IDM	
<b>3. OCR:</b>	GCL, ECO, ENG, AFD	
<b>4. Suggested Docket Title:</b>	<u>Storm Protection Plan Cost Recovery Clause</u>	
<b>5. Program/Module/Submodule Assignment:</b>	A3g	
<b>6. Suggested Docket Mailing List</b>		
<b>a. Provide NAMES/ACRONYMS, if registered company</b>		<input type="checkbox"/> Provided as an Attachment
<b>Company Code, if applicable:</b>	<b>Parties (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
EI801	DUKE	
EI802	FPL	
EI803	FPUC	
EI804	GULF	
EI806	TECO	
<b>b. Provide COMPLETE NAME AND ADDRESS for all others (match representatives to companies)</b>		
<b>Company Code, if applicable:</b>	<b>Interested persons, if any, (include address, if different from MCD):</b>	<b>Representatives (name and address):</b>
<b>7. Check one:</b>	<input type="checkbox"/> Supporting documentation attached <input type="checkbox"/> To be provided with Recommendation	
<b>Comments:</b>		

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 COMMISSION CLERK