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MEMORANDUM

September 17, 1991

**ORIGINAL
FILE COPY**

TO: DIVISION OF RECORDS AND REPORTING

FROM: DIVISION OF LEGAL SERVICES (CROSBY)

RE: DOCKET NO. 910660-SU - APPLICATION FOR AMENDMENT OF
 CERTIFICATE NO. 422-S FOR DELETION AND ADDITION OF
 TERRITORY IN GULF COUNTY BY GULF AIRE WASTEWATER
 TREATMENT PLANT (GULF AIRE PROPERTIES, INC.)

Attached is a letter from Mr. Ike Duren, President of Gulf Aire Properties, Inc., to Mr. James McRoy, transmitting the receipts for the notices sent to interested persons within 4 miles of the territory in question. This information should be placed in the Docket file.

alc

Attachments

cc: Division of Water and Wastewater

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC / _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

09294 SEP 18 1991

FPSC-RECORDS/REPORTING

Copy.

Gulf Aire Waste Water Treatment Plant

P. O. Box 13424
MEXICO BEACH, FLORIDA 32410

RECEIVED
JUN 9 1991
Public Service Commission
Water and Sewer

Attention: Mr. James McRoy
Water and Sewer
Public Service Commission
Fletcher Building
101 East Gaines Street
Tallahassee, FL 32399-0865

Dear Mr. McRoy:

Enclosed please find the notices of service for the addresses on by "Notice List". Also enclosed please find the return receipt certificates as requested. These should be a late filing on my territory docket. Since I do not have the docket number and I knew that you would be familiar with this docket I trust you will see that it is filed appropriately.

As far as I know today, the only other thing I need to do is to send you proof from the newspaper that I have run the notice properly the three times requested.

Thank you in advance for your assistance.

Very truly yours,



Ike Duren, President
Gulf Aire Properties, Inc.
DBA/Gulf Aire Waste Water
Treatment Plant

P 578 042 171

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to DER Northwest Dist	
Street and No. 160 Government Center	
P.O., State and ZIP Code Pensacola, Fla 32501	
Postage	\$ 52
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	250
Return Receipt Showing to whom and Date Delivered	100
Return receipt showing to whom, Date, and Method of Delivery	
TOTAL Postage and Fees	\$ 502
Postmark or Date JUN 3 1991	

PS Form 3800, Feb. 1982



P 578 042 174

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to City of Mexico Beach	
Street and No. P.O. Box 13425	
P.O., State and ZIP Code Mexico Beach, Fla	
Postage	\$ 52
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	250
Return Receipt Showing to whom and Date Delivered	100
Return receipt showing to whom, Date, and Method of Delivery	
TOTAL Postage and Fees	\$ 502
Postmark or Date JUN 3 1991	

PS Form 3800, Feb. 1982



1. Recipient's Name and Complete Address
 2. Registered Delivery (check box)
 3. Return Receipt (check box)
 4. Restricted Delivery (check box)
 5. Signature of Addressee (check box)
 6. Addressee's Address (check box)
 7. Date of Mailing
6-5-91

PS Form 3811, Mar. 1982 • U.S.G.P.O. 1989-210-000

1. Recipient's Name and Complete Address
 2. Registered Delivery (check box)
 3. Return Receipt (check box)
 4. Restricted Delivery (check box)
 5. Signature of Addressee (check box)
 6. Addressee's Address (check box)
 7. Date of Mailing
6/9/91

PS Form 3811, Mar. 1982 • U.S.G.P.O. 1989-210-000

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-505

1. Article Addressed to:
 State of Fla. Public Council
 c/o The Chief of Representatives
 The Capitol
 Tallahassee, Fla. 32399-1300

2. Article Number:
 P578 042 172

3. Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

4. Signature - Addressee:
 [Signature]

5. Signature - Agent:
 [Signature]

6. Date of Delivery:
 6-4-91

7. Postmark:

8. Addressee's Address (ONLY if requested and fee paid)

9. Domestic Return Receipt

P 578 042 172

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to: State of Fla Public Council
 Street and No: c/o the House of Rep.
 The Capitol
 P.O. State and ZIP Code: Tallahassee, FL 32399-1300

Postage	\$ 52
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	250
Return Receipt Showing to whom and Date Delivered	100
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL	\$502

Postmark or Date: JUN 3 1991

PS Form 3800, Feb. 1982

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-505

1. Article Addressed to:
 Div. of Records & Reporting
 Fla. Public Service Council
 101 E. Davis St.
 Tallahassee, Fla 32399-0870

2. Article Number:
 P524 377 182

3. Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

4. Signature - Addressee:
 [Signature]

5. Signature - Agent:
 [Signature]

6. Date of Delivery:
 6-4-91

7. Postmark:

8. Addressee's Address (ONLY if requested and fee paid)

9. Domestic Return Receipt

P-524 377 182

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800 June 1985

Sent to: D.V. of Records & Reporting
 Street and No: Fla Public Service Council
 101 E. Davis St
 Tallahassee, Fla 32399-0870

Postage	52
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	250
Return Receipt showing to whom and Date Delivered	100
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL	502

Postmark or Date: JUN 3 1991

PS Form 3800 June 1985

P 578 042 173

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to Board of Co. Commissioners	
Street and No. P.O. Box 968	
P.O. State and ZIP Code Port St. Joe, Fla 32456	
Postage	\$ 52
Certified Fee	1 00
Special Delivery Fee	
Restricted Delivery Fee	2 50
Return Receipt Showing to whom and Date Delivered	1 00
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5.02
Postmark or Date	

PS Form 3800, Feb. 1982

P 578 042 175

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

Sent to Apalachicola Planning Council	
Street and No. 314 E. Central Ave, Room 119	
P.O. State and ZIP Code Blountstown, Fla 32424	
Postage	\$ 52
Certified Fee	1 00
Special Delivery Fee	
Restricted Delivery Fee	2 50
Return Receipt Showing to whom and Date Delivered	1 00
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	5.02
Postmark or Date	

PS Form 3800, Feb. 1982

PS Form 3811, Mar. 1982 • U.S.G.P.O. 1980-212-085 DOMESTIC RETURN RECEIPT

1. Addressee's Name
Board of County Commissioners
P.O. Box 968
Port St. Joe, Fla 32456

2. Article Number
P 578 042 173

3. Type of Service
 Registered Insured
 Certified Signature Required
 Registered Mail Restricted Delivery

4. Addresser's Address ONLY (required and fee paid)

5. Signature - Addressee

6. Signature - Addressee

7. Date of Receipt
6-4-81

PS Form 3811, Mar. 1982 • U.S.G.P.O. 1980-212-085 DOMESTIC RETURN RECEIPT

1. Addressee's Name
Apalachicola Planning Council
314 E. Central Ave, Room 119
Blountstown, Fla 32424

2. Article Number
P 578 042 175

3. Type of Service
 Registered Insured
 Certified Signature Required
 Registered Mail Restricted Delivery

4. Addresser's Address ONLY (required and fee paid)

5. Signature - Addressee

6. Signature - Addressee

7. Date of Receipt
6/4/81