



August 24, 1998

Via Federal Express

Blanca Bayo
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: Docket No. 980657-WS
Application for Amendment of Certificate Nos. 279-W and 226-S in Seminole
County by Florida Water Services Corporation

Dear Ms. Bayo:

Enclosed for filing in the above-referenced docket, please find sixteen copies of
Supplemental Appendix T-5 (certified mail return receipt cards for entities) and
Supplemental Appendix U-4 (certified mail return receipt cards for customers).

In order to confirm filing of these appendices, please date stamp the enclosed copy of this
letter and return it to me in the stamped, self-addressed envelope provided.

If you need any additional information or other assistance, please call me at (407) 880-
0048, ext. 260. Thank you for your cooperation.

Sincerely yours,

Matthew J. Feil

Matthew J. Feil
Staff Attorney

RECEIVED & FILED

QBP
FPSC-BUREAU OF RECORDS

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG 1
- LIN 3
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

Florida Water Services Corporation / P.O. Box 609520 / Orlando, Florida 32860-9520 / Phone 407/880-0058

Water For Florida's Future

RECEIVED
AUG 25 10 43 AM '98
ADMINISTRATION
MAIL ROOM
ORIGINAL

T-5
DOCUMENT NUMBER-DATE
09237 AUG 25 98

U-4
DOCUMENT NUMBER-DATE
09238 AUG 25 98

Supplemental Appendix T-5

ORIGINAL

Copy of Certified Mail
Return Receipt Cards for Entities

980657
DOCUMENT NUMBER-DATE
09237 AUG 25 88
FTRD-RECORDS/REPORTING

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 State of Florida Public Counsel
 C/O The House of Representatives
 The Capitol
 Tallahassee, FL 32399-1300

4a. Article Number
 P 123 394 048

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 MAY 15 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X T. Morrison

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 Division of Records and Reporting
 Florida Public Service Commission
 2540 Shumard Oak Blvd.
 Tallahassee, FL 32399-0850

4a. Article Number
 P 123 394 047

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 MAY 15 1998

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X Albert [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:
 St. Johns River WMD
 PO Box 1429
 Palatka, FL 32178-1429

4a. Article Number
 P 246 492 829

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
 X K. [Signature]

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Altamonte Springs
255 Newburyport Avenue
Altamonte Springs, FL 32701-3642

4a. Article Number
P123 394 002

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5-15-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *m. l. l...*

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Lake Mary
PO Box 950700
Lake Mary, FL 32746-0700

4a. Article Number
P123 394 003

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5/14/98

5. Received By: (Print Name)
TRACY E. KIRKLAND

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

6. Signature: (Addressee or Agent)
X *Tracy E. Kirkland*

PS Form 3811, December 1994 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Longwood
175 West Warren Avenue
Longwood, FL 32750-4107

4a. Article Number
P123 394 004

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
5-14-98 Jeff

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X *Lorraine Forest*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Oviedo
400 Alexandria Blvd.
Oviedo, FL 32765-0297

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5-14-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Cindy Bonham*

PS Form 3811, December 1994

Domestic Return Receipt

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- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

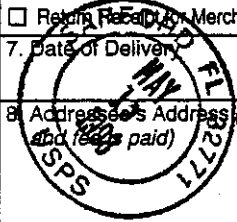
Mayor, City of Sanford
PO Box 1788
Sanford, FL 32772-1788

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery



5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mayor, City of Winter Springs
1126 East S.R. 434
Winter Springs, FL 32708-2715

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

YWB 5-14-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Clerk, BOCC, Seminole County
PO Drawer C
Sanford, FL 32772-0659

4a. Article Number

P123 394 059

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5/14/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X M Capko

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEP Central District
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

4a. Article Number

P123 394 066

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5/14/94

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X O. Rodriguez

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

East Central Florida Planning
Council
1011 Wymore Road, Suite 105
Winter Park, FL 32789

4a. Article Number

P123 394 061

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5/14

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Utilities Inc. of Florida
 % Donald Rasmussen
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714-4099

4a. Article Number

P 123 394 056

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Utilities Inc. of Longwood
 % Carl J. Wenz
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714-4099

4a. Article Number

P 123 394 057

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

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- The Return Receipt will show to whom the article was delivered and the date delivered.

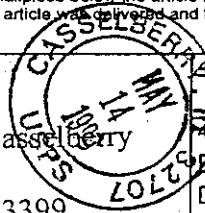
I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

City Manager, City of Casselberry
 95 Triplet Lake Drive
 Casselberry, FL 32707-3399



4a. Article Number

P 123 394 058

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5-14-98 *[Signature]*

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Alfaya Palm Valley Assoc.
 % Clayton, Williams & Sherwood
 2500 Maitland Ctr Pkwy, Ste 105
 Maitland, FL 32751-4165

4a. Article Number

P123394053

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5/14/98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X P Marman

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

PS Form 3811, December 1994

Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Alafaya Utilities, Inc.
 % Utilities, Inc. of Florida
 200 Weathersfield Avenue
 Altamonte Springs, FL 32714-4099

4a. Article Number

P123394054

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5-14-98

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Sarah Hill

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

PS Form 3811, December 1994

Domestic Return Receipt

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- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Sanlando Utilities Corporation
 % Hampton P. Conley
 P.O. Box 3884
 Longwood, FL 32791-0884

4a. Article Number

P123394055

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X Robert Riebel

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service

Thank you for using Return Receipt Service