		REQUEST TO ES (Pleas	TABLISH D se Type)	OCKET			
Date:	1/28/2008		Docket No.:	080064-WU			
1. Division Name/Staff Name: Ecr/F		Ecr/Redemann, Daniel					
2. OPR:	: Office of General Counsel/Flemming						
3. OCR: Redemann, Daniel, Kaproth							
4. Suggested Docket Title: Complaint against East Marion Sanitary Systems Inc., by Ms. Mabelle Gregorio and Ms. Angela & Mr. Dennis Fountain							
 5. Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES OR ACRONYMS ONLY if a regulated company. B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) 1. Parties and their representatives (if any): 							
Mr. Herbe	rt Hein, President		Ms. Mabel G	lass Gregorio, 1220 130 th Terrace, Silver			
East Marie	East Marion Sanitary Systems Inc.		Springs, FI 34488				
G4225 Mi	4225 Miller Road, Suite 190 Ms. Ange		Ms. Angela 8	& Mr. Dennis Fountain, 690 NE 130 th Ct.			
Flint, MI 4	8507		Silver Spring	s, FI 34488			
2. Interested persons and their representatives (if any):							
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6. Check							
		on is attached. on will be provided with re	ecommendati	on.			
				DOCUMENT NO. DATE			
				0062708 01/25/08			

Date	January 25, 2008	Docket No.	080064-WN
1. Divi	sion Name/Staff Name: ECR/Redemann, Dani	iel	
	R: Redemann, Daniel		
	ıl: Fleming		
4. Sugg Fountain	gested Docket Title: Complaint against East M	larion Sanitary Systems Inc. by Ms. N	Aabelle Gregorio and Ms. Angela & Mr. D
Α.	gested Docket Mailing List (attach separate she Provide NAMES OR ACRONYMS ONLY if	a regulated company.	
В.	 Provide COMPLETE NAME AND ADDRES Parties and their representatives (if 		ves to companies.)
Mr <u>, Herb</u>	bert Hein, President		
East Mar	ion Sanitary Systems Inc.	X parties	
<u>G4225 M</u>	liller Road, Suite 190	- Box	COPENE
Flint, MI	48507		
			<u> </u>
	2. Interested persons and their represe	entatives (if any):	
Ms. Mabe	el Glass Gregorio, 1220 NE 130th Terrace		
	rings, FL 34488		
<u>Ms. Ange</u>	la & Mr. Dennis Fountain, 690 NE 130th CT.		
Silver Spr	rings, FL 34488		
6. Checl	k one: Documentation is attached.		
	XXX Documentation will be prov	vided with recommendation.	

0000MENT NUMPER-DATE 00627 JAN 25 8 FPSC-COMMISSION CLERK