

CK#: 1091
Amnt: \$ 9,000.00
Postmark: 05/30/25
AKH

Deposit Number
000807

Deposit Date
JUN 05 2025



PHONE (850) 425-6654 FAX (850) 425-6694 WEB WWW.RADEYLAW.COM
MAIL POST OFFICE BOX 10967 | TALLAHASSEE, FL 32302 OFFICE 301 SOUTH BRONOUGH ST. | STE. 200 | TALLAHASSEE, FL 32301

tcrabb@radeylaw.com

May 30, 2025

Via Hand Delivery

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

2025 JUN -5 AM 9:35
COMMISSION CLERK

Re: Docket 20250052-WS – Application for increase in water and wastewater rates in Brevard, Citrus, Duval, Highlands, Marion, and Volusia Counties by CSWR-Florida Utility Operating Company, LLC

Dear Commission Clerk:

On behalf of CSWR-Florida Utility Operating Company, LLC, please find enclosed the Application filing fee in the amount of \$9,000.00.

Sincerely,

/s/ Thomas A. Crabb

Thomas A. Crabb
Susan F. Clark
Attorneys for Applicant CSWR-Florida
Utility Operating Company, LLC

- cc: Aaron Silas (via email)
- Walt Trierweiler, Esq. (via email)
- Austin Watrous, Esq. (via email)
- Daniel Dose, Esq. (via email)
- Jennifer Crawford (via email)
- Jennifer Augspurgen (via email)

RECEIVED
2025 MAY 30 PM 4:26
DIVISION OF ADMINISTRATIVE & IT SERVICES

ERRAND SLIP
Radey Thomas Yon & Clark

Received From: Suzanne Turner Date: 05/30/25 Time: 3:30 pm

TO BE COMPLETED BY:

Date: 05/30/25 Time: 4:30 pm

Client/Matter No. 1393-02 Client Name: Central States Water Resources

Attorney Run (One Time Only Number) _____

X DELIVERY TO:

PICK-UP FROM:

Florida Public Service Commission
ATTN: Clerks Office
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

- Larson Building – Room# _____
- Florida Lottery – Room # _____
- Capitol – Room # _____
- Koger – Building Name _____ : Room # _____
- Agency for Healthcare Administration - Building Name _____ : Room # _____

Other State Agency: _____
Building: _____ / Room # _____

- DOAH – Clerk / Room # _____
- Leon County Courthouse - Clerk / Room # _____
- Federal Courthouse – Room # _____
- District Court of Appeal – Clerk / Room # _____

OTHER LOCATION: _____

SPECIAL INSTRUCTIONS:

BRING BACK DATE-STAMPED COPY

Ask Clerk to stamp the attached copy of the letter & return it to me with this form.

SIGNED RECEIPT (for all deliveries):

Name: Keara Hanna Date: 05/30/2025

Completed by: _____

Date: _____ Time: _____