DEPOSIT DATE

0 3 5 APR 1 4 2010

CK# 2298 # 1500.00 U-13-10 E

APPLICATION FOR ORIGINAL CERTIFICATE FOR A PROPOSED OR EXISTING SYSTEM REQUESTING INITIAL RATES AND CHARGES

(Pursuant to Section 367.045, Florida Statutes)

100179-WS

To:

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

	water subm	The undersigned hereby may and/or wastewaterits the following information:	akes application for original certific will utility in BREVARD C	cate(s) to operate a County, Florida, and
	PAR	FI APPLICANT INFORM	MATION	
	A)	The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant: The full name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears on the certificate), address and telephone number of the applicant name (as it appears of the certificate), address and telephone		
		Name of utility (321) 267- 6933	(321) 267-09	733
		Phone No.	Fax No.	
		Office street address 42 PINE WOOD	PLACE	
		City MIMS	State FL R T V A	Zip Code
		Mailing address if different fr	rom street address □ CFL, RR, (>M	
		Internet address if applicable	e	
	В)	The name, address and telephone number of the person to contact concerning this application: Robert J Tamburo, Esq. Ph. (457) 341-36.2 Name Phone No.		
СОМ		Name 1437 Valor	Street Phone No.	
APA ECR		Street address OR/4~ /-	FL,	329/1
GCL		City	State	Zip Code
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