

CK# 2362  
\$ 100.00

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CAK 12/16/17

**APPLICATION FOR ORIGINAL CERTIFICATE FOLLOWING RESCISSION  
OF JURISDICTION BY A COUNTY (GRANDFATHER CERTIFICATE)**

(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)

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

DKT# 20170253

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2017 DEC -5 PM 2:22  
COMMISSION  
CLERK

The undersigned hereby makes application for original certificate(s) to operate a water  and/or wastewater  utility in \_\_\_\_\_ County, Florida, and submits the following information:

**PART I APPLICANT INFORMATION**

A) Contact Information for Utility. The utility's name, address, telephone number, Federal Employer Identification Number, and if applicable, fax number, e-mail address, and website address. The utility's name should reflect the business and/or fictitious name(s) registered with the Department of State's Division of Corporations:

LAKE TALQUIN WATER COMPANY INC.

Utility Name

24396 Lone Star Court,

Office Street Address

Tallahassee FL 32310

City

State

Zip Code

Mailing Address (if different from Street Address)

City State Zip Code

(850) - 575-9355 ( ) -

Phone Number

Fax Number

59-3738435

Federal Employer Identification Number

Smalley, Carla@yahoo.com

E-Mail Address