

CK# 2363
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**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# 20170254

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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 - 515-9355 () -
Phone Number Fax Number

59-373 8435
Federal Employer Identification Number

Smalley, Carla@yahoo.com
E-Mail Address