REQUEST TO ESTABLISH DOCKET (Please type or print. File original <i>plus</i> 1 copy with CLK.)						
Date:				Docket No.:	100015-WS	
1. From Staff / Division:			P Brady / Division Of Economic Regulation			
2. OPR: P Brady P ECR			CR			
3. OCR:						
4. Suggested Docket Title: Territory correction for FIMC water and wastewater systems held by FIMC Hid Inc. in Levy County						
5. Program/Module/Submodule Assignment:					BIL	
6. Suggested Docket Mail List.						
a. Provide NAMES/ACRONYM			ONYMS, if registere	ed company.	Provided as an Attachment	
Company Code, if applicable:		Parties (include address, if different fr		from MCD):	Representatives (name and address):	
WS652		FIMC Hideaway, Inc			Robert McBride	
					P.O. Box 357246, Gainesville, FL 32635	
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)						
Company Code, if applicable:		Interested persons, if any, (include address, if different from MCD):		from MCD):	Representatives (name and address):	
	······					
7. Check o	one:	🗌 Supp	orting Documentat	ion Attached	☑ To be provided with Recommendation	
Comments:						



HAG FIERLY WINDOW

0122 JAN-6≥

PSC\CLK 010-C (Rev. 04/09)

FPSC-COMMISSICILI CLEF:

Document2