

REQUEST TO ESTABLISH DOCKET

(Please type or print. File original *plus* 1 copy with CLK.)

Date:	7/29/2011	Docket No.:	110238-WU <i>BA</i>
1. From Division / Staff:	Division Of Economic Regulation/Hudson		
2. OPR:	ECR		
3. OCR:	RCP		
4. Suggested Docket Title:	Application for staff-assisted rate case in Polk County by Sunrise Utilities, LLC		
5. Program/Module/Submodule Assignment:	A/1/B		
6. Suggested Docket Mail List.			
a. Provide NAMES/ACRONYMS, if registered company.			<input type="checkbox"/> Provided as an Attachment
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):	
WU870	Sunrise Utilities, LLC		
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):	Representatives (name and address):	
	Office of Public Counsel		
7. Check one:	<input checked="" type="checkbox"/> Supporting Documentation Attached		<input type="checkbox"/> To be provided with Recommendation
Comments:			

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 11 JUL 29 PM 3:26
 COMMISSION CLERK

- COM _____
- APA _____
- ECR I
- GCL _____
- RAD _____
- SSC _____
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- CLK _____

DOCUMENT NUMBER-DATE:
 05315 JUL 29 =
 FPSC-COMMISSION CLERK

11 JUL 26 AM 10:03

11 JUL 26 AM 10:03

July 25, 2011

Florida Public Service Commission.

Attention Mr. J Deason

COMMUNICATIONS

11 JUL 27 AM 7:07

FLORIDA PUBLIC SERVICE

I have filled the accounting side of the form to the best of my knowledge available to me.

I had to get the information from the firm of S. Dohan PCA Accounting firm who prepared the Financial Reports through the years for Sunrise Utilities, and also enable me to compare with the Annual Reports filed for 2009 and 2010.

Going through the numbers made me realize this is the second year Mike Smallridge have taken the liberty to prepare the 2010 - 2009 annual reports for Sunrise and Alturas with the help of Garry Morse, - without discussing with me, or with Stuart Sheldon the president of Sunrise Utilities, and especially first, with the accountant.

We have only one set of books and only one Bank account and the enclosed figures from the accounting point are justified.

Sunrise is without a penny to respond any emergencies for their customers, without mentioning any improvement for the aging system.

I respect and admire Mike Smallridge hard work to keep Sunrise going with the very limited revenue he has to work with.

I do not wish to search the truth for the real reason why Mike knowingly acted this way, and show profit in the Annual Report prepared by him, - being fully aware of the true picture.

I make no excuse for not paying more attention to the affairs of Sunrise in the last years, but I had a personal tragedy with my wife at the spring of 2009 and had a mild depression.

As of today, I am in focus to do as much as need to get Sunrise out of their uncertainty existence, and provide the customers with an uninterrupted service and have founding through a rate increase to comply with regulations.

DOCUMENT NUMBER-DATE

05315 JUL 29 =

FPSC-COMMISSION CLERK

I believe I can answer to most of your accounting questions, but for the technical operational part, Mike Smallridge is more prepared to satisfy your department.

Yours truly,

A handwritten signature in black ink, appearing to read "Leslie Szabo". The signature is written in a cursive style with a large initial "L" and "S".

Leslie Szabo

Tel; 416 782 5418

e-mail l.szabo@rogers.com

FLORIDA PUBLIC SERVICE COMMISSION

APPLICATION FOR A
STAFF ASSISTED RATE CASE

I. GENERAL DATA

A. Name of Utility: **Sunrise Utilities LLC**

B. Address:

1. Telephone Nos.: **(352) 302 7406**

2. County: **Polk**

Nearest City:

3. General Area Served:

C. Authority:

1. Water Certificate No.

Date Received:

2. Wastewater Certificate No.

Date Received:

3. Date Utility Started Operations: Water: **X**

Wastewater:

D. How System Was Acquired:

If utility was purchased, give date **2004**

Amount Paid \$

1. Name of Seller: **Keen Sales**

2. Was seller affiliated with present owners? Yes No **X**

3. Did you purchase: Stock or assets only

E. Type of Legal Entity:

X Corporation

Partnership

Sole Proprietorship

F. Ownership & Officers:

	Name	Title	Percent Ownership
1.	Stuart Sheldon	President	
2.	Mike Smallridge	Manager only	
3.			
4.			

G. List of Associated Companies and Addresses:

H. If you have retained an attorney and/or a consultant to represent the utility for this application, furnish the name(s) and address(es):

Name:

Address:

II. ACCOUNTING DATA

A. Outside Accountant

1. Name: **Steve Dohan**
2. Firm: **Dohan and Company**
3. Address: **7700 North Kendall Drive Miami FL, 33156**
4. Telephone: **(305) 274 1366**

B. Individual To Contact On Accounting Matters:

1. Name: **Leslie Szabo**
2. Telephone: **(416) 782 5418**

C. Location of Books and Records:

D. Have you filed an Annual Report with the Commission? Yes No

Date Last Filed:

E. Has your latest Regulatory Assessment Fee Payment been made?

(January 30 or July 30 whichever is applicable) Jan 30 July 30

F. Basic Rate Base Data: (Most recent two years)

1. Water:

20

20

Cost of Plant In Service

\$ _____ \$ _____

Less Accumulated Depreciation

Less Contributed Plant

Net Owner's Investment

\$ _____ \$ _____

2. Wastewater:

20

20

Cost of Plant In Service	\$ _____	\$ _____
Less Accumulated Depreciation	_____	_____
Less Contributed Plant	_____	_____
Net Owner's Investment	\$ _____	\$ _____

G. Basic Income Statement: *(Most recent two years)*

1. Water:

	2010	2009
Revenues (By Class)		
a.	\$ <u>67,568</u>	\$ <u>66,206</u>
b. 10 % Sales Tax	<u>6,063</u>	<u>6,020</u>
c.	_____	_____
Total Operating Revenues:	\$ <u><u>61,505</u></u>	\$ <u><u>60,205</u></u>
Less Expenses:	<u>9,600</u>	<u>9,600</u>
a. Salaries & Wages – Employees Manager	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Water	_____	_____
e. Purchased Power	<u>2,940</u>	<u>3,129</u>
f. Fuel for Power Production	<u>64</u>	_____
g. Chemicals	<u>1,879</u>	<u>1,443</u>
h. Materials & Supplies	<u>3,346</u>	<u>2,862</u>
i. Contractual Services	<u>17,552</u>	<u>19,003</u>
j. Un-Paid Bills	<u>6,200</u>	<u>6,301</u>
k. Cost of Purchasing Pump	<u>14,100</u>	_____
l. Bank-NSF charges	<u>1,472</u>	<u>884</u>
m. Loan Reparments	<u>19,704</u>	<u>17,539</u>
n. Bad Debt Expense	<u>5,660</u>	<u>3,709</u>
o. Miscellaneous Expense inc taxes	<u>4,681</u>	<u>5,760</u>
p. Depreciation Expense	<u>7,742</u>	<u>7,254</u>
q. Property Taxes	_____	_____
r. Other Taxes	_____	_____
s. Income Taxes	_____	_____
Operating (Loss)	\$ <u><u>33,435</u></u>	\$ <u><u>17,279</u></u>

2. Wastewater

	20	20
Revenues (By Class):	\$ _____	\$ _____
a.	_____	_____
b.	_____	_____
c.	_____	_____
Total Operating Revenues:	\$ _____	\$ _____
Less Expenses:		
a. Salaries & Wages - Employees	_____	_____
b. Salaries & Wages - Officers, Directors, & Majority Stockholders	_____	_____
c. Employee Pensions & Benefits	_____	_____
d. Purchased Wastewater Treatment	_____	_____
e. Sludge Removal Expense	_____	_____
f. Purchased Power	_____	_____
g. Fuel for Power Production	_____	_____
h. Chemicals	_____	_____
i. Materials & Supplies	_____	_____
j. Contractual Services	_____	_____
k. Rents	_____	_____
l. Transportation Expenses	_____	_____
m. Insurance Expense	_____	_____
n. Regulatory Commission Expense	_____	_____
o. Bad Debt Expense	_____	_____
p. Miscellaneous Expense	_____	_____
q. Depreciation Expense	_____	_____
r. Property Taxes	_____	_____
s. Other Taxes	_____	_____
t. Income Taxes	_____	_____
Operating Income (Loss)	\$ _____	\$ _____

H. Outstanding Debt:

	Date Borrowed	Balance Due	Interest Rate	Expiration Date
1. <u>Lesage Inc</u>	<u>Dec 2007</u>	<u>39,424</u>	<u>3.75</u>	<u>Dec 2013</u>
2. <u>Blunt Utilitie</u>	_____	<u>4,543</u>	<u>18 %</u>	<u>Due</u>
3. <u>10%sales Tax</u>	_____	<u>15,563</u>	_____	<u>Due</u>
4. _____	_____	_____	_____	_____

I. Indicate Type of Tax Return Field:

- Form 1120 –Corporation X
- Form 1120S -Subchapter S Corporation
- Form 1065 - Partnership
- Form 1040 - Schedule C - Individual (Proprietorship)

III

ENGINEERING DATA

A. Outside Engineering Consultant:

- 1. Name:
- 2. Firm:
- 3. Address:
- 4. Telephone: ()

B. Individual to contact on engineering matters:

- 1. Name:
- 2. Telephone: ()

C. Is the utility under citation by the Department of Environmental Protection (DEP) or County Health Department?
If yes, explain:

D. List any known service deficiencies and steps taken to remedy problems:

E. Name of plant operator(s) and DEP operator certificate number(s) held:

F. Is the utility serving customers outside of its certificated area?
If yes, explain:

G. Wastewater:

- 1. Gallons per day capacity of treatment facilities:
 - a. Existing:
 - b. Under Construction:
 - c. Proposed:
- 2. Type and make of present treatment facilities:
- 3. Approximate average daily flow of treatment plant effluent:

4. Approximate length of wastewater mains:

Size (diameter):					
Linear feet:					

- 5. Number of manholes:
- 6. Number of lift stations:
- 7. How do you measure treatment plant effluent?
- 8. Is the treatment plant effluent chlorinated? Yes No

13. Do you have a meter change out program? No Yes
14. Meter installation or tap in fees - Water \$ _____
15. Service availability fees - Water \$ _____
16. Has the existing treatment facility been approved by DEP? No Yes
17. Total gallons pumped during most recent twelve months: 2010 18,658 2009 19,851
18. Total gallons sold during most recent twelve months: 14,594 15596
19. Gallons unaccounted for during most recent twelve months:
20. Gallons purchased during most recent twelve months:

IV. RATE DATA

A. Individual to contact on tariff matters:

1. Name: Mike Smallridge
2. Telephone Number: (352) 302 7406

B. Schedule of present rates: (Attach additional sheets if more space is needed)

1. Water:

- a. Residential Water _____
- b. General Service _____
- c. Special Contract _____
- d. Other - Specify _____

2. Wastewater:


- a. Residential Wastewater _____
- b. General Service _____
- c. Special Contract _____
- d. Other - Specify _____

C. Number of Customers: (Most recent two years)

	2010	2009
1. Water Metered		
a. Residential	243	243
b. General Service	1	1
c. Special Contract		
d. Other – Total	244	244
2. Water Unmetered	20	20
a. Residential		
b. General Service		
c. Special Contract		
d. Other - Specify		
3. Wastewater	20	20
a. Residential		
b. General Service		
c. Special Contract		
d. Other - Specify		

V. AFFIRMATION

I, Leslie Szabo the undersigned owner, officer, or partner of the above named public utility, doing business in the State of Florida and subject to the control and jurisdiction of the Florida Public Service Commission, certify that the statements set forth herein are true and correct to the best of my information, knowledge, and belief.

Signed 

Title owner

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.