## RESPONSIBLE OFFICIAL NOTIFICATION FORM

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

Identification of Facility			
Facility Owner/Company Nam	e: City of Gainesville,	Gainesville Regional Util	lities
2. Site Name: Deerhaven Gener	ating Station 3. C	County: Alachua	
4. Title V Air Operation Permit/I 0010006-003-AV	roject No. (leave blank	for initial Title V applicat	ions):
Notification Type (Check one or	more)		
☐ INITIAL: Notification of responsible officials for an initial Title V application.			
RENEWAL: Notification of responsible officials for a renewal Title V application.			
CHANGE: Notification of change in responsible official(s).			
Effective date of	of change in responsible	official(s) July 13, 20	<u>07</u>
Primary Responsible Official			
1. Name and Position Title of Re Manager, Energy Supply	sponsible Official: Kare	en C. Alford, Interim Ass	sistant General
<ol> <li>Responsible Official Mailing A Organization/Firm: Gainesvill Street Address: 301 SE 4th Av.</li> </ol>	e Regional Utilities		,
City: Gainesville	State: Flo	rida Zip Code: 3	2601
3. Responsible Official Telephon	e Numbers:		
Telephone: (352) 393-1730	F	ax: (352) 334-2786	
4. Responsible Official Qualifica	tion (Check one or more	of the following options,	as applicable):
<ol> <li>For a corporation, the president, se principal business function, or any the corporation, or a duly authorize overall operation of one or more repermit under Chapter 62-213, F.A.</li> <li>For a partnership or sole proprietor.</li> <li>For a municipality, county, state, for elected official.</li> <li>The designated representative at an 5. Responsible Official Statemen.</li> </ol>	y other person who perform zed representative of such p nanufacturing, production, a.C. rship, a general partner or t ederal, or other public agen n Acid Rain source.	ns similar policy or decision-recesson if the representative is or operating facilities applying the proprietor, respectively.	making functions for responsible for the ng for or subject to a
I, the undersigned, am a responsi- addressed in this notification. I h inquiry, that the statements made have buthority over the decisions Signature	ereby certify, based on info in this notification are true	ormation and belief formed a e, accurate and complete. Fu	fter reasonable irther, I certify that I

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