



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

September 5, 2000

Mr. J. Michael O'Berry
Manager, Environmental Permitting Services
Florida Rock Industries, Incorporated
155 East 21st Street
Post Office Box 4667
Jacksonville, Florida 32201

Dear Mr. O'Berry:

Enclosed are "request for refund" forms for the six relocatable facility air permit applications you withdrew on August 1, 2000. Please date and sign each form on the Applicant's Signature line and return the forms to me. If you have any questions, please call me at (850)921-9505.

Sincerely,

Patty Adams
Bureau of Air Regulation

/pa

Enclosures

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: FLORIDA ROCK INDUSTRIES, INC.
ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-
FEID OR SS NUMBER:
AMOUNT: \$1,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488
DOCUMENT NUMBER: SYS RECEIPT#: 309488
REV OBJECT CODE: 2222 AIR CONSTRUCT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: WITHDREW APPLICATION

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20__.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$1,250.00 was originally deposited into the State Treasury, Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137_____00000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137_____00000022000000

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20__.

Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.

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AMOUNT: \$1,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488
DOCUMENT NUMBER: SYS RECEIPT#: 309482
REV OBJECT CODE: 2222 AIR CONSTRUCT

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NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 00000022000000

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ADDRESS: P.O. BOX 4667 JACKSONVILLE, FL 32201-
FEID OR SS NUMBER:
AMOUNT: \$2,250.00 DEPOSIT DATE: 18-FEB-2000 DEPOSIT: 200488
DOCUMENT NUMBER: SYS RECEIPT#: 309481
REV OBJECT CODE: 2222 AIR CONSTRUCT

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DOCUMENT NUMBER: SYS RECEIPT#: 309484
REV OBJECT CODE: 2222 AIR CONSTRUCT

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ADDRESS: P. O. BOX 4667 JACKSONVILLE, FL 32201-
FEID OR SS NUMBER:
AMOUNT: \$1,250.00 DEPOSIT DATE: 26-JAN-2000 DEPOSIT: 200424
DOCUMENT NUMBER: SYS RECEIPT#: 307818
REV OBJECT CODE: 2222 AIR CONSTRUCT

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