

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/22/96

Docket No. 96-0226-TC

- 1. Division Name/Staff Name COMMUNICATIONS/HAWKINS
- 2. OPR _____
- 3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 3022 by Louis Fromm. (~~for Jeff Fromm~~) ISSUED TO

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

1. Parties and their representatives (if any)

Louis Fromm _____

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

FEB. 10, 1996

JEFF FROMM
7003 NW 99th WAY
TAMARAC, FL 33321-1810
954-721-7175

ATTN: BRENDA HAWKINS

RECEIVED
FLORIDA
SERVICE COM.
96 FEB 22 11
MAIL ROOM

re: CANCELLATION OF CERTIFICATE NO. 3022
ORDER NO. 25762; DOCKET NO. 920090-TC
(STARTED) MARCH 13, 1992



ENCLOSED YOU WILL FIND :

- ① Copy of DEATH CERT.
- ① Copy of FLA. TELE. PUBLIC CERT.

PLEASE, AS PER CONVERSATION,
CANCEL THE CERTIFICATE # 3022,
DOCKET # 920090; ORDER # 25762.
DATE MAR. 13, 1992: LOUIS FROMM.

LOUIS FROMM, IS DECEASED AS
OF JAN. 25, 1993, AND THERE IS NO
LONGER ANY USE TO HAVE THIS
CERTIFICATE IN OPERATION. THANK YOU
FOR YOUR ASSISTANCE ON THIS MATTER.
PLEASE SEND LETTER OF CANCELLATION.

JEFF FROMM

Jeff Fromm

DATE FILED

CERTIFICATE OF DEATH

153-98-004669

Certificate No.

Jan 26 3 34 PM '93

Y062455

1. NAME OF DECEASED LOUIS FROMM
 (Type or Print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH NEW YORK CITY 2a. BOROUGH BROOKLYN	2b. Name of hospital or other facility if not facility, street address CONEY ISLAND HOSP.	2c. If in Hospital or Other Facility (Check) 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input checked="" type="checkbox"/> Emerg 4 <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year
3a. Date and Hour (Month) (Day) (Year) of Death JANUARY 25 1993	3b. HOUR 9:50	4. SEX MALE	5. APPROXIMATE AGE 71

I HEREBY CERTIFY THAT: (Check One)

 I attended the deceased A staff physician of this institution attended the deceased

Dr. R. GUONTERBINE attended the deceased 9:50
 from JANUARY 25 19 93 to JAN. 25 19 93 and last saw h IM alive at PM
 on JANUARY 25 19 93. I further certify that traumatic injury or poisoning DID NOT play any
 part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.

Witness my hand this 25 day of JAN. 19 93 Signature R. Guonterbine D.O.
 Name of Physician R. GUONTERBINE Address CONEY ISLAND HOSP. M.D.

PERSONAL PARTICULARS (To be filled in by Funeral Director)

Usual Residence NEW YORK	7b. County KINGS	7c. City, Town, or Location BROOKLYN	7d. Street & House No. 3205 EMMONS AVENUE	Zip 11235	Apt. No.	7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Served in U.S. Armed Forces No <input type="checkbox"/> Yes <input type="checkbox"/> Specify years From <u>42</u> To <u>45</u>	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input checked="" type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (if wife, give maiden name) SYLVIA LEVINE	11. Date of birth (Month) (Day) (Year) APRIL 17, 1921	12. Age at last birthday 71	13. Social Security No. 131 05 1604	14. Kind of Business CHEMICALS
5. Birthplace (City & State or Foreign Country) CZECHOSLOVAKIA	16. Education (Check only one) 0-11 <input type="checkbox"/> 12 <input checked="" type="checkbox"/> 13-15 <input type="checkbox"/> 16 <input type="checkbox"/> 17+ <input type="checkbox"/>	17. Other name(s) by which decedent was known FROMWITZ LOUIS FROMOWITZ	18. NAME OF FATHER OF DECEDENT LOUIS FROMOWITZ	19. MAIDEN NAME OF MOTHER OF DECEDENT ESTHER PARKAS	20a. NAME OF INFORMANT SYLVIA FROMM	20b. RELATIONSHIP TO DECEASED WIFE
21a. NAME OF CEMETERY OR CREMATORY BETH MOSES CEMETERY	21b. LOCATION (City, Town, State and Country) PINELAWN, L.I., N.Y.	21c. DATE OF BURIAL OR CREMATION JANUARY 28, 1993	22a. FUNERAL DIRECTOR GARLICK FUNERAL HOMES	22b. ADDRESS 1700 CONEY ISLAND AVE, BKLYN, N.Y.		

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

15 (1/88)

CHANGES APPROVED BY COMM'R OF HEALTH FEB 10 1993 E. STROHMEIER Deputy City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Earlene Price
 EARLENE PRICE
 CITY REGISTRAR

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VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

FEB 10 1993

DOCUMENT NO.



Docket No. 920090-TC

Certificate No. 3022

Order No. 25762

Date March 13, 1992



**Florida
Public Service Commission**

**Telephone
Certificate of Public
Convenience and Necessity**

Upon consideration of the record in the above numbered docket, it is

ORDERED that authority be and is hereby granted to

LOUIS FROMM

whose principal address is 7003 N.W. 99th Way Tamarac, Florida 33321 to provide telecommunication service in accordance with Chapter 364, Florida Statutes, the Rules, Regulations and Orders of this Commission, and the conditions and provisions prescribed in Order No. 25762 in the territory described therein.

This Certificate shall remain in force and effect until amended, suspended, cancelled or revoked by Order of this Commission.

BY ORDER OF THE

FLORIDA PUBLIC SERVICE COMMISSION



Steve Fubbe
Director of Records and Reporting