

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/25/96

Docket No. 960858-TC

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

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 2537 by
The Avenues Mall

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)

The Avenues Mall

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:



Documentation is attached.



Documentation will be provided with the recommendation.



Date: July 23, 1996

Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: Avenues Mall

Print your name: Thomas Funari / General Manager

Your signature: *Thomas Funari*