

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date _____

Docket No. 960993-TC

1. Division Name/Staff Name COMMUNICATION/HAWKINS

2. OPR _____

3. OCR _____

4. Suggested Docket Title Cancellation by FPSC of Pay Telephone Certificate No. 1065 issued to Caribe Cafeteria for violation of Rule 25-4.0161(2), F.A.C. Regulatory Assessment Fees (TC970)

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)

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

2. Interested Persons and their representatives (if any)

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

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