

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/2/97

Docket No. 970817-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4297 by Victor Owens (TF797)

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)

Victor Owens _____

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.

_____ Documentation will be provided with the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850



NAME: VICTOR OWENS
NAME OF COMPANY: VICTOR OWENS
ADDRESS: 6320 CHERYL ST.
CITY/STATE/ZIP: DALAND, FL. 32819
PHONE # W/AREA CODE: (407) 351-3676
CERTIFICATE #: 4297 COMPANY CODE: TF797

(Answer "YES" to one of the following statements below.)

- (1) I request that my certificate be cancelled and ~~closed~~ ~~is my Regulatory Assessment Fee, penalty and interest owed to date.~~
- (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it AS SOON AS I KNOW WHAT IT IS.
date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I NO LONGER HAVE ANY PAYPHONES, I SEE NO REASON TO CONTINUE PAYING REGULATORY ASSESMENT FEES.

SIGNATURE: Victor Owens DATE: 6-30-97