

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date September 14, 1998

Docket No. 981124-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 3882 issued to Mohamed N. Mohamed for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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)

Mohamed N. Mohamed

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\BAR\MP\ESTDKT.

PSC/BAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
~~10060~~ SEP 15 88
FPSC-RECORDS/REPORTING



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 6th, 1998
TO: Paula Isler
FROM: Jackie Knight
RE: RAF non payments - *Tenth set of 10*

Paula, attached are ten communication companies (tenth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of August is \$4.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

- 1 TF217
- 2 TF223
- 3 TF230
- 4 TF248
- 5 TF253
- 6 TF254
- 7 TF267
- 8 TF270
- 9 TF274
- 10 TF281

Should you have any questions, please let me know.
G:\pi3.mpl

| COPY CODE | COMPANY NAME | ISS DATE | ISSUE DATE | RAF PERIOD BEGINS | RAF PERIOD ENDS | REVENUE REPORT | REGULATORY ASSESSMENT FEE | RAF PAYMENT & COLL FEE PAYMENT AMOUNT | RAF PAYMENT METHOD | CALL AGENCY FEE | RAF OPERATING CHARGES | POST BASK DATE | REPORT NUMBER | FAMILY ONE PERIOD BEGINS | FAMILY ONE PERIOD ENDS | INTEREST DUE DATE | INTEREST FEE | DATE DELIGHT LETTER MAILED | DATE P & I LETTER MAILED | DATE OF EXT | EXTENDED ACCOUNT & PAYMENT BALANCE | EXT AMOUNT PAID "TOP" | DATE TRAIL-UP MAILED | TRAIL-UP RECEIVED "TOP" | TRAIL-UP P & I RECEIVED |
|-----------|------------------|----------|------------|-------------------|-----------------|----------------|---------------------------|---------------------------------------|--------------------|-----------------|-----------------------|----------------|---------------|--------------------------|------------------------|-------------------|--------------|----------------------------|--------------------------|-------------|------------------------------------|-----------------------|----------------------|-------------------------|-------------------------|
| 1720 | Richard H. White | 12-10-84 | | | | | | 50.00 | | | | | | | | | | | | | | | | | |

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| 1720 | Richard H. White | 12-10-84 | | | | | | 50.00 | | | | | | | | | | | | | | | | | |

RAF = 50.00
P = 12.50
I = 4.00

Total = 66.50

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| 1720 | Richard H. White | 12-10-84 | 12-31-84 | 12-31-84 | | X | | 50.00 | 50.00 | 50.00 | | 50.00 | 50-26-87 | 50.00 | | 51.00 | | 50-26-87 | | | | | | | |

P = 5.00
I = 1.00

Total = 6.00

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| 1720 | Richard H. White | 12-10-84 | 12-31-84 | 12-31-84 | | X | | 50.00 | 50.00 | 50.00 | | 50.00 | 50-26-87 | 50.00 | | 51.00 | | 50-26-87 | | | | | | | |

P = 11.25
I = 2.25

Total = 13.50

| COPY CODE | COMPANY NAME | ISS DATE | ISSUE DATE | RAF PERIOD BEGINS | RAF PERIOD ENDS | RAF & COLL FEE PAYMENT AMOUNT | CALL AGENCY FEE | RAF OPERATING CHARGES | POST BASK DATE | REPORT NUMBER | FAMILY ONE PERIOD BEGINS | FAMILY ONE PERIOD ENDS | INTEREST DUE DATE | INTEREST FEE | DATE DELIGHT LETTER MAILED | DATE P & I LETTER MAILED | DATE OF EXT | EXTENDED ACCOUNT & PAYMENT BALANCE | EXT AMOUNT PAID "TOP" | DATE TRAIL-UP MAILED | TRAIL-UP RECEIVED "TOP" | TRAIL-UP P & I RECEIVED | | |
|-----------|------------------|----------|------------|-------------------|-----------------|-------------------------------|-----------------|-----------------------|----------------|---------------|--------------------------|------------------------|-------------------|--------------|----------------------------|--------------------------|-------------|------------------------------------|-----------------------|----------------------|-------------------------|-------------------------|--|--|
| 1720 | Richard H. White | 12-10-84 | 12-31-84 | 12-31-84 | | X | | 100.00 | 100.00 | 100.00 | | 100.00 | 100-26-87 | 100.00 | | 101.00 | | 100-26-87 | | | | | | |

P = 10.00
I = 2.00

Total = 12.00
Total = \$104.00

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

IF 230

4a. Article Number

4b. Service Type

| | |
|--|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

12/19/97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *M. J. ...*

Thank you for using Priority Return Receipt Service.