

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/17/98

Docket No. 981191-TC

1. Division Name/Staff Name Communications/Isler
2. GPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 2552 Issued to Jackson Memorial Hospital 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)

<u>Catherine Gallagher</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

10386 SEP 21 88

FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: May 5, 1998
TO: Paula Isler
FROM: Michael Lake *ML*
RE: RAF non payments - *Third set of 10*

Paula, attached are ten communication companies (third 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 May is \$2.0 and Penalty is \$10. 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 TE176 ✓ 7-9-98 - EA 708 ✓
- 2 TE192 ✓ 7-23-98 - EA 818 ✓
- 3 TE201 ✓ 7-15-98 - EA 811 ✓
- 4 TE228 ✓ no
- 5 TE244 ✓ no
- 6 TE269 ✓ no
- 7 TE270 ✓ no
- 8 TE278 ✓ no *missing info on letter*
- 9 TE299 ✓ no
- 10 TE328 ✓ no

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

Is your RETURN ADDRESS completed on the reverse slide?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 4b.
- Print your name and address on the reverse of this form so that we can return the 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 wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TE244

4a. Article Number

4b. Service Type

- Registered ^{1/2}
- Express Mail
- Return Receipt for Merchandise
- Certified
- Insured
- COD

7. Date of Delivery

12-15-97

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *William Jav*

102595-97-B-0179

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.