

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/17/98

Docket No. 981202-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 2306 Issued to Pay Phone Professionals 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)

Gillian Breakspere

2. Interested Persons and their representatives (if any)

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

I:\PSC\RAR\WP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
10484 SEP 22 98
FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: April 28, 1998
TO: Paula Isler
FROM: Michael Lake *ML*
RE: RAF NON PAYMENTS - SECOND SET OF 10

Paula, attached is a set of companies (second 10) who have not paid RAF's for 97. Interest and Penalty were calculated through the end of May (P-\$10.00 I-\$2.00). I have a total on the bottom of the first sheet as to what amount a utility owes. As before, I have not made copies, therefore you will need to keep the data for your files.

1. TD444 ✓ no
2. TD514 ✓ no
3. ✓ TD618 ✓ no
4. ✓ TD722 ✓ no
5. ✓ TD865 ✓ no
6. ✓ TD897 ✓ no
7. TE022 ✓ *missing from 220. (No)*
8. ✓ TE067 ✓ no
9. ✓ TE140 ✓ no
10. ✓ TE164 ✓ no

Should you have any questions, please let me know.

G:\pi2.mpl

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIPT	COLL AGENCY FEE	RAP (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 90% MAX	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C TRF/AS DA PLAN DA	EXT AMOUNT PAID "RAP"	DATE TRU-UP MAILED	TRU-UP AMOUNT RECEIVED "TRU"	TRU-UP P & I RECEIVED
TE07	Pay Phone Protocol	14-Jun-98						\$0.00																	

\$50

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIPT	COLL AGENCY FEE	RAP (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 90% MAX	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C TRF/AS DA PLAN DA	EXT AMOUNT PAID "RAP"	DATE TRU-UP MAILED	TRU-UP AMOUNT RECEIVED "TRU"	TRU-UP P & I RECEIVED	
TE07	Pay Phone Protocol	14-Jun-98						\$0.00																		

\$50 + 90-1-1st \$62

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIPT	COLL AGENCY FEE	RAP (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 90% MAX	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C TRF/AS DA PLAN DA	EXT AMOUNT PAID "RAP"	DATE TRU-UP MAILED	TRU-UP AMOUNT RECEIVED "TRU"	TRU-UP P & I RECEIVED	
TE07	Pay Phone Protocol	14-Jun-98		12-31-98			\$0.00	\$0.00	\$0.00	\$0.00		06/30/99	02-27		\$0.00	\$0.00	\$0.00									

\$3.00

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TE07	Pay Phone Protocol	14-Jun-98		12-31-98			\$0.00	\$0.00	\$0.00	\$0.00		06/30/99	02-26		\$0.00	\$0.00	\$0.00									

02

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP FORM	RAP & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAP (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 90% MAX	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C TRF/AS DA PLAN DA	EXT AMOUNT PAID "RAP"	DATE TRU-UP MAILED	TRU-UP AMOUNT RECEIVED "TRU"	TRU-UP P & I RECEIVED			
TE07	Pay Phone Protocol	14-Jun-98		12-31-98		\$0.00			06/30 1-31-99	02121	1.50		\$0.00	\$0.00											
TE07	Pay Phone Protocol	14-Jun-98		0-30-98		\$0.00			06/00 7-1-98	A202															

3.00

Total \$118.00

CLIPPER CODE	COMPANY NAME	REQ DATE	INACTIVE DATE	RAF PERIOD STARTING	"S" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF NO EXTENSION RECORDED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PERM DATE PER MAX	PENALTY PAID	INTEREST DUE PERM DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C DAYS OF PERM IN	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECORDED "RAF"	TRUE-UP P & I RECORDED	
TEST	Pay Phone Prepaid	14-Jun-88	- -	12-31-88		\$50.00		\$50.00	7-25-84	AT&T													
TEST	Pay Phone Prepaid	14-Jun-88	- -	6-30-89		\$50.00		\$50.00	6-27-89	AMT&T													

OK

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TEST	Pay Phone Prepaid	14-Jun-88	- -	12-31-88		\$50.00		\$50.00	1-30-89	AMT&T													
TEST	Pay Phone Prepaid	14-Jun-88	- -	6-30-89		\$50.00		\$50.00	6-24-89	AMT&T													

OK

CLIPPER CODE	COMPANY NAME	REQ DATE	INACTIVE DATE	RAF PERIOD STARTING	"S" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF NO EXTENSION RECORDED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE PERM DATE PER MAX	PENALTY PAID	INTEREST DUE PERM DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C DAYS OF PERM IN	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECORDED "RAF"	TRUE-UP P & I RECORDED	
TEST	Pay Phone Prepaid	14-Jun-88	- -	12-31-88		\$50.00		\$50.00	1-30-89	HC&T													
TEST	Pay Phone Prepaid	14-Jun-88	- -	6-30-89		\$50.00		\$50.00	6-28-89	C188													

OK

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 want to receive the following services (for an extra fee):

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

Consult postmaster for fee.

3. Article Addressed to:

TE067

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery 12/3/97

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)
[Handwritten Signature]

you for using Return Receipt Service.