

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/29/98

Docket No. 981292-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 4588 Issued to Joseph F. & Dianne M. Lento for Violation of Rule 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>Dianne F. Lento</u> | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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2. Interested Persons and their representatives (if any)

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6. Check one:

- Documentation is attached.
 Documentation will be provided with recommendation.

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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

11109 OCT-8 98

FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: September 28th, 1998
TO: Paula Isler
FROM: Jackie Knight *JK*
RE: RAF non payments - *First set of 30*

Paula, attached are thirty communication companies (first 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 October is \$5.00 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.

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|----|---------|----|---------|
| 1 | TF532 | 16 | TF629 |
| 2 | TF535 | 17 | TF631 |
| 3 | TF536 | 18 | TF632 |
| 4 | TF539 | 19 | TF635 |
| 5 | TF540 | 20 | TF638 |
| 6 | TF547 | 21 | TF639 |
| 7 | TF564 | 22 | TF644 |
| 8 | TF570 - | 23 | TF645 |
| 9 | TF574 - | 24 | TF647 |
| 10 | TF580 | 25 | TF656 |
| 11 | TF583 | 26 | TF659 |
| 12 | TF585 | 27 | TF666 - |
| 13 | TF586 | 28 | TF672 |
| 14 | TF600 | 29 | TF673 |
| 15 | TF622 | 30 | TF675 |

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

| COPY CODE | COMPANY NAME | ISS DATE | ISSACTG DATE | RAF PERIOD FROM | RAF TO RAF PERIOD | REVENUE REPORT | REGULATORY ASSIGNMENT FEE | RAF PAYMENT & COLL FEE PAYMENT AMOUNT | RAF PAYMENT RECEIVED | COLL AGENCY FEE | RAF (IN-STATE) RECEIVED | POST MARK DATE | REPORT NUMBER | PENALTY DUE (90% DUE) | PENALTY PAID | INTEREST DUE (30% DUE) | INTEREST PAID | DATE DELINQUENT LETTER MAILED | DATE P & I LETTER MAILED | DAYS OF EXT | EXTENDED ACCOUNT & TRU/UP DA (90% DA) | EXT AMOUNT PAID "RAF" | DATE TRU/UP MAILED | TRU/UP AMOUNT RECEIVED "RAF" | TRU/UP P & I RECEIVED |
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| 1788 | Joseph F. & Charles | 28-Apr-88 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | |

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| 1788 | Joseph F. & Charles | 28-Apr-88 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | |

RAF-50.00
P: 13.50
J 2.00
67.50

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| 1788 | Joseph F. & Charles | 28-Apr-88 | 12-31-88 | | | | | \$0.00 | | | | | | \$0.00 | | \$1.00 | | | | | | | | | |

P: 5.00
J 1.00
6.00

| COPY CODE | COMPANY NAME | ISS DATE | ISSACTG DATE | RAF PERIOD FROM | RAF TO RAF PERIOD | REVENUE REPORT | REGULATORY ASSIGNMENT FEE | RAF PAYMENT & COLL FEE PAYMENT AMOUNT | RAF PAYMENT RECEIVED | COLL AGENCY FEE | RAF (IN-STATE) RECEIVED | POST MARK DATE | REPORT NUMBER | PENALTY DUE (90% DUE) | PENALTY PAID | INTEREST DUE (30% DUE) | INTEREST PAID | DATE DELINQUENT LETTER MAILED | DATE P & I LETTER MAILED | DAYS OF EXT | EXTENDED ACCOUNT & TRU/UP DA (90% DA) | EXT AMOUNT PAID "RAF" | DATE TRU/UP MAILED | TRU/UP AMOUNT RECEIVED "RAF" | TRU/UP P & I RECEIVED |
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Total 1173.50

| COMPY | COMPANY | ISS | ISSUE | RAF | NO | RAF & COLL | COLL | RAF | POST | REPORT | PENALTY | INTEREST | INTEREST | DATE | DATE | DAYS | ATTORNEY | NET | DATE | TIME/OF | TRUS/UP |
|-------|---------|------|-------|--------|-----|------------|--------|-----------|------|--------|---------|----------|----------|----------|-------|------|----------|--------|---------|----------|---------|
| CODE | NAME | DATE | DATE | NUMBER | RAF | PERCENT | AGENCY | IN-EXCESS | DATE | NUMBER | PERCENT | PER DAY | PER DAY | RECEIVED | P.S.I | OF | NAME SA | AMOUNT | TIME-UP | RECEIVED | P.S.I |
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| COMPY | COMPANY | ISS | ISSUE | RAF | NO | RAF & COLL | COLL | RAF | POST | REPORT | PENALTY | INTEREST | INTEREST | DATE | DATE | DAYS | ATTORNEY | NET | DATE | TIME/OF | TRUS/UP |
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| CODE | NAME | DATE | DATE | NUMBER | RAF | PERCENT | AGENCY | IN-EXCESS | DATE | NUMBER | PERCENT | PER DAY | PER DAY | RECEIVED | P.S.I | OF | NAME SA | AMOUNT | TIME-UP | RECEIVED | P.S.I |
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| COMPY | COMPANY | ISS | ISSUE | RAF | NO | RAF & COLL | COLL | RAF | POST | REPORT | PENALTY | INTEREST | INTEREST | DATE | DATE | DAYS | ATTORNEY | NET | DATE | TIME/OF | TRUS/UP |
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| CODE | NAME | DATE | DATE | NUMBER | RAF | PERCENT | AGENCY | IN-EXCESS | DATE | NUMBER | PERCENT | PER DAY | PER DAY | RECEIVED | P.S.I | OF | NAME SA | AMOUNT | TIME-UP | RECEIVED | P.S.I |
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 5.
- 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 wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TF656

4a. Article Number

4b. Service Type

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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

[Handwritten Signature]



Thank you for using Return Receipt Services.