

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/29/98

Docket No. 981302-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 4583 Issued to All America Traffic School, Inc. For Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fee: 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>Raymond T. Lawless</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

DOCUMENT NUMBER-DATE
11124 OCT-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.

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

COMPY CODE	COMPANY NAME	REG DATE	EXACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (99-EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (9/30 DAYS) 3% BAL	PENALTY PAID	INTEREST DUE (9/30 DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (2) (9/30 DA) 1 (9/30 DA)	EXT AMOUNT PAID "RAF"	DATE TRUL-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
17945	24.7 Johns Traffic	120-Apr-05																							

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17945	24.7 Johns Traffic	120-Apr-05																								

RAF: 50.00
P: 12.50
I: 5.00
E: 1.50

COMPY CODE	COMPANY NAME	REG DATE	EXACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (99-EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (9/30 DAYS) 3% BAL	PENALTY PAID	INTEREST DUE (9/30 DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (2) (9/30 DA) 1 (9/30 DA)	EXT AMOUNT PAID "RAF"	DATE TRUL-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
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17945	24.7 Johns Traffic	120-Apr-05																							

1044 // 67.00

RAFS

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAF PERIOD BEGINS	RAF PERIOD ENDS	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (SO-BUSINESS) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (RAF) DAYS	PENALTY DUE (RAF) AMT	INTEREST DUE (RAF) PER DAY	INTEREST DUE (RAF) AMT	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF SET	STERNO AMOUNT PAID (RAF) DA	STY AMOUNT PAID (RAF) "RAF"	DATE TRU-UP MAILED	TRU-UP AMOUNT RECEIVED (RAF)	TRU-UP P & I RECEIVED
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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):

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

Consult postmaster for fee.

3. Article Addressed to:

TF 645

4a. Article Number

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery: JUN 3 1997

5. Received By (Print Name)

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

6. Signature (Addressee or Agent)

X

This is for you for using Return Receipt Service.