

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/13/98

Docket No. 981332-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 4623 Issued to Kimberly Ann Bone 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)

Kimberly Ann Bone

- 2. Interested Persons and their representatives (if any)
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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
~~11390~~ OCT 13 98
FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: October 8th, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JK*
 RE: RAF non payments - *First set of 50*

Paula, attached are fifty 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	TF676	21	TF755 - <i>Kelly</i>	41	TF842 - <i>Kelly</i>
2	TF679	22	TF757	42	TF846
3	TF680	23	TF763	43	TF848
4	TF682	24	TF768	44	TF850
5	TF688	25	TF769	45	TF856
6	TF692	26	TF774	46	TF862
7	TF698	27	TF775	47	TF870
8	TF699	28	TF777	48	TF882
9	TF700	29	TF799	49	TF888
10	TF701	30	TF802	50	TF891
11	TF718	31	TF807		
12	TF719	32	TF813		
13	TF726	33	TF814 - <i>Kelly</i>		
14	TF729	34	TF817		
15	TF736	35	TF820		
16	TF737	36	TF822		
17	TF738	37	TF828		
18	TF742	38	TF836		
19	TF748	39	TF837		
20	TF755	40	TF841		

Should you have any questions, please let me know.
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COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

RAF: 50.00
 P 12.50
 67.50

COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

RAF: 50.00
 P 12.50
 62.50

COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

COMP. NO.	COMP. NAME	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT

RAF: 1141.00

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):

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

Consult postmaster for fee.

3. Article Addressed to:

TF688

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12-5-97

5. Received By. (Print Name)

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

6. Signature (Addressee or Agent)

Kimberly A. Bonn

Thank you for using Return Receipt Service.