

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/21/98

Docket No. 981371-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 5029 Issued to Patricia Deihl for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

5. Suggested Docket Hearing 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. (Hatch representatives to clients.)

1. Parties and their representatives (if any)

<u>Patricia A. Deihl</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)



Public Service Commission

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

DATE: October 20th, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JN*
 RE: RAF non payments - *First set of 80*

Paula, attached are eighty 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	✓TF899	21	TF957	41	TG010	61	TG086
2	✓TF906	22	TF958 <i>MONIE</i>	42	TG013 ✓	62	TG087
3	✓TF910 ✓	23	TF964 ✓	43	TG016	63	TG089
4	✓TF912	24	TF967 ✓	44	TG017	64	TG096 ✓
5	✓TF913 ✓	25	TF968 ✓	45	TG026 ✓	65	TG100 <i>MONIE</i>
6	✓TF914	26	TF969	46	TG027 <i>MONIE</i>	66	TG104
7	✓TF918	27	TF970	47	TG029	67	TG107
8	✓TF920 <i>MONIE</i>	28	TF972	48	TG031 ✓	68	TG109 <i>MONIE</i>
9	✓TF921 <i>MONIE</i>	29	TF974	49	TG040	69	TG112 ✓
10	✓TF923	30	TF980 ✓	50	TG046	70	TG114
11	✓TF924 ✓	31	TF982	51	TG048 <i>MONIE</i>	71	TG117
12	✓TF927	32	TF985 ✓	52	TG049	72	TG119 ✓
13	✓TF928	33	TF986	53	TG050	73	TG123
14	✓TF932 ✓	34	TF987	54	TG054	74	TG127
15	✓TF933 ✓	35	TF990 ✓	55	TG065	75	TG132 ✓
16	✓TF937	36	TF991	56	TG073	76	TG139 ✓
17	✓TF938 <i>MONIE</i>	37	TF995 <i>MONIE</i>	57	TG079	77	TG140 ✓
18	✓TF939	38	TF999	58	TG083	78	TG142
19	✓TF951	39	TG002 ✓	59	TG084 ✓	79	TG146 ✓
20	✓TF953	40	TG005 <i>MONIE</i>	60	TG085	80	TG150 <i>MONIE</i>

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

COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

$R = 50.50$
 $P = 13.50$
 $T = 67.50$

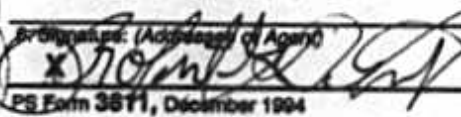
COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

$R = 50.50$
 $P = 12.50$
 $T = 13.50$

COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

COMP CODE	COMP NAME	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT	DATE	TIME	TYPE	AMOUNT

Total \$ 141.00

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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <div style="font-size: 2em; text-align: center;">TF 927</div>		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 <div style="text-align: center;">12-15</div>	
5. Received By: (Print Name)		6. Addressee's Address (Only if requested and fee is paid)	
Signature: (Addressee or Agent) 			

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