REQUEST TO ESTABLISH DOCKET

	(PLEASE TIPE) OCUING TO
Date_	10/27/98 Bocket No. 98/409-TC
1. Di	vision Name/Staff Name Communications/Isler
2. O	R Communications/Isler
3. 00	R Legal Services
	ggested Bocket TitleCancellation by Florida Public Service Commission of Pay Telephone Certificate
	5071 Issued to Bill Herrington for Violation of Rules 25-4.0161. F.A.C
Regula	tory Assessment Fees: Telecommunications Companies
5. S	aggested Docket Hailing List (attach separate sheet if necessary)
	Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C. Provide COMPLETE name and address for all others. (<u>Match representatives to clients.</u>)
	1. Parties and their representatives (if any)
Bill	Harrington
	2. Interested Persons and their representatives (if any)
	A DANGER MANAGEMENT OF THE PROPERTY OF THE PRO
6. Che	xx Documentation is attached.
	Documentation will be provided with recommendation.
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PSC/RA	R 10 (Revised 01/96)

DOCUMENT NUMBER - DATE

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OCT 27 %

FPSC-RECORDS/REPORTING

State of Florida



Public Service Commission

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

DATE: October 20th, 1998

TO: Paula Isler

FROM: Jackie Knight

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 todays 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 Je	41	TG010	61	TG086
2	TF906	22	TF957	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 FOR
6	TF914	26	TF969	46	TG027rone	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	TF920 MONS	28	TF972	48	TG031	68	TG109
9	TF9214CNE	29	TF974	49	TG040	69	TG112
10	₹F923	30	TF980	50	TG046	70	TG114
11	TF924	31	TF982	51	TG048	71	TG117
12	TF927	32	TF985'	52	TG049	72	TG119 '
13	TF928	33	TF986	53	TG050	73	TG123
14	VTF932	34	TF987	54	TG054	74	TG127
15	YF933	35	TF990'	55	TG065	75	TG132
16	ATE027	36	TF991 No	56	TG073	76	TG139/
17	TF938 NONE	37	TF995	57	TG079	77	TG140 '
18	TF939	38	TF999	58	TG083	78	TG142
19	TF951	39	TG002/ 4	59	TG084*	79	TG146'
20	TF953	40	TG005HON	60	TG085	80	TG1467

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SENDER: aComplete learns 1 and/or 2 for additional services. aComplete learns 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Altach this form to the front of the maliplace, or on the back if space does not permit. Witte Platam Receipt Requested on the maliplace below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to:				
4s. Article Number				
4b. Service Type Registered Certifie Express Mail Insured Insured COD				
7. Date of De	1397			
8. Addresse's Address (Only if requested and fee is paid)				
	4a. Article No. Service 4b. Service 4b. Service 4b. Service 4c. Article No. Service 4c.			