REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

		(PLEASE TYPE)	981414-TO.
Date 10/27/98	_		Docket No. 78/7/7/C
1. Division Name	/Staff Name <u>Communications/</u>	<u>Isler</u>	
2. OPR Communi	cations/Isler		
3. OCR Legal S	ervices		
			Commission of Pay Telephone Certificate
			lation of Rules 25-4,0161, F.A.C.,
Regulatory Assess	ment Fees; Telecommunications	Companies	
5. Suggested Doc	ket Mailing List (attach separ	rate sheet if necessary	
as shown i	MES ONLY for regulated compani n Rule 25-22.104, F.A.C.		
	MPLETE name and address for a		sentatives to clients.)
1. Parties	and their representatives (in	f any)	
Naji Farah			
2. Interes	ted Persons and their represer	ntatives (if any)	
			
6. Check one: XX	_ Documentation is attached.		
	_ Documentation will be provid	ded with recommendation	
I:\PSC\RAR\WP\EST	DKT.		
PSC/RAR 10 (Revise	ed 01/96)		DOCUMENT NUMBER-DATE

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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 NE	41	TG010	61	TG086
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3	TF910 -	23	TF964′	43	TG016	63	TG089
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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 card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write *Return Receipt Requested** on the mailpiece below the article The Return Receipt will show to whom the article was delivered and delivered.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.			
IN ADDRESS completed on	3. Article Addressed to:	4a. Article Number 4b. Service Type Registered Insured Return Receipt for Merchandise 7. Date of Delivery			
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•	PS Form 3811 , December 1994 103	2595-97-B-0179	Domestic Ret	ım Receipt	