

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 11/13/98

Docket No. 981614-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 5519 Issued to Amerilys Lopez for Violation of Rule 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)

<u>Amerilys Lopez</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)

DOCUMENT NUMBER-DATE
12853 NOV 17 98
FPSC-RECORDS/REPORTING

TL

68 00 / 114 11 / 5/92



REF 522
P 4 2/21
68 / 02



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for special 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:

TG205

4a. Article Number

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

7. Date of Delivery
11/29/98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
[Handwritten Signature]

Thank you for using Return Receipt Services.