

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date: March 17, 1999

Docket No. 990342-TP

1. Division Name/Staff Name: Communications/K. Biegalski

2. OPR: _____

3. OCR: K. Biegalski

4. Suggested Docket Title: Determination of appropriate method of collecting and remitting 911 fees to the appropriate counties and providing accurate customer record information to the 911 coordinators

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)

All certificated Alternative Local Exchange Providers

All certificated Local Exchange Providers

Jim Martin, Statewide 911 Coordinator
Department of Management Services
Information Technology Program
4050 Esplanade Way, Building 4030, Room 235T
Tallahassee, FL 32399-0950

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.