Case Assignment and Scheduling Record Section 1 - Division of Records and Report. , (RAR) Completes Date Docketed: 07/19/1999 Title: Application for certificate to provide interexchange Docket No. 990938-TI telecommunications service by TON Services inc. Company: TON Services Inc. Official Filing Date: Expiration: Last Day to Suspend: AFA CAF (CMU) GCL LEG RAR WAW Referred to: ADM EAG PAT ("()" indicates OPR) χ χ χ Section 2 - OPR Completes and returns to RAR in 10 workdays. Time Schedule WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770 Program/Module B1(a) Staff Assignments Current CASR revision level <u>Due Dates</u> OPR Staff Previous Current Staff Counsel 5. OCRs ( 8. 10. 12. 13. 15. ) 16 17. 18. 19. 20. ) 21 22. 23. 24. 25. 26 ) 27. 28. 29 30. Recommended assignments for hearing 31. and/or deciding this case: 32 33. Full Commission Commission Panel 34. Hearing Examiner Staff 35 36. Date filed with RAR: 37 38. 39 Initials: OPR Staff Counsel 40.

<u>Section 3 - Chairman Completes</u>

#### Assignments are as follows:

- Hearing Officer(s)

	Comm	Hrg. Exam.	Staff				
ALL	GR	DS	CL	JN	JC	LAGIII.	

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

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Section 1 - Division of Records and Reporting (RAR) Completes Docket No. <u>990938-TI</u> Date Docketed: 07/19/1999 Title: Application for certificate to provide interexchange telecommunications service by TON Services Inc. Company: TON Services Inc. Official Filing Date: Last Day to Suspend: Expiration: Referred to: **AFA** CAF (CMU) WAW PAI ("()" indicates OPR) Х X Section 2 - OPR Completes and returns to RAR in 10 workdays. Time Schedule Program/Module B1(a) WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. Staff Assignments FOR UPDATES CONTACT THE RECORDS SECTION: (850) 413-6770 Current CASR revision level **Due Dates** OPR Staff N Pruitt Previous Current 11/04/1999 NONE Staff Recommendation 2. Agenda - Regular NONE 11/16/1999 12/06/1999 3. PAA Order - Automatic Closing NONE 4. Staff Counsel K Pena, C Bedell 5. OCRs (AFA) D Draper 6. 8. 10. 11. ( ١, 12. 13. 14. 15. 16. ( ) 17. 18. 19. 20. 21. ( ) 22. 23. 24. 25. 26. 27. 28. 29.

Recommended assignments for hearing and/or deciding this case:

Full Commission X Commission Panel Hearing Examiner \_\_\_\_ Staff

Date filed with RAR: 07/22/1999

Initials: OPR

Staff Counsel

Section 3 - Chairman Completes

#### Assignments are as follows:

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#### - Hearing Officer(s)

	Comm	Hrg. Exam.	Staff				
ALL	GR	DS	CL	JN	JC	EXCIII.	
X							

Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case. Where one Commissioner, a Hearing Examiner or a Staff Member is

assigned the full Commission decides the case.

- Prehearing Officer

	ADM				
GR	DS	CL	JN	JC	
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Date: 07/22/1999



### STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING BLANCA S. BAYÓ DIRECTOR (850) 413-6770

## Public Service Commission

July 21, 1999

Robin Norton, Consultant Technologies Management, Inc. Post Office Drawer 200 Winter Park, Florida 32790-0200

Re: Docket No. 990938-TI

Dear Ms. Norton:

This will acknowledge receipt of an application for certificate to provide interexchange telecommunications service by TON Services Inc., which was filed with this office on July 19, 1999 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6078 or FAX (850) 413-6079.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting Florida Public Service Commission

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
E. LEON JACOBS, JR.
LILA A. JABER



DIVISION OF RECORDS & REPORTING BLANCA S. BAYÓ DIRECTOR (850) 413-6770

# Public Service Commission

FPSC, CLK - CORRESPONDENCE

Administrative Parties Consumer

DOCUMENT NO. 67 7 99

DISTRIBUTION:

March 29, 2000

(CERTIFIED MAIL NO. OO)

Technologies Management Inc. Attention: Robin Norton Post Office Drawer 200 Winter Park, Florida 32790-0200

Re: Return of Confidential Document(s) to the Source (Docket No. 990938-TI)

Dear Ms. Norton:

Commission staff have advised that Confidential Document No. 08548-99, filed on behalf of TON Services Inc., can be returned to the source. The document is enclosed.

Please do not hesitate to contact me if you have any questions concerning this matter.

Sincerely,

Kay Flynn, Chief Bureau of Records

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Enclosure

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.	e does not e number. d the date	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
ADDRESS completed on	Technologies Management Inc. Post Office Drawer 200 Winter Park, Florida 32790-0200	7. Date of D	Type PARK F. Certified Carlinarial Consumed Color Merchandise Color Colo
your <b>RETURN</b>	5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addresse and fee i	Domestic Return Receipt

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