

VIA FACSIMILE & CERTIFIED MAIL

January 27, 2000

Ms. Blanca Bayo Director Division of Records and Reporting Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, Florida 32399-0850

Reference: Docket No. 991962-TX

Dear Ms. Bayo:

The referenced docket has been initiated by the Division of Records and Reporting to cancel the Alternative Local Exchange Telecommunications Certificate No. 4818 issued to OpTel (Florida) Telecom d/b/a OpTel for violation of Rule 25-4.0161 F.A.C. and failure to pay regulatory assessment fees for its 1998 operations. Due to a series of internal reorganizations, the company had inadvertently neglected to remit the requisite fees to the Commission. Please be advised that this oversight has been corrected. On this date, a check in the amount of \$68.50 has been sent to the attention of Mr. Frank Harrison, Division of Administration. This remittance covers the Regulatory Assessment Fee, Late Payment Penalties, and interest. In addition, the company remitted the 1999 Regulatory Assessment Fee. OpTel is now current on all balances due for regulatory assessments in Florida.

Please note that OpTel has taken steps to ensure that future payments of Regulatory Assessment Fees will be remitted in a timely manner. OpTel's Finance Department has created a regulatory assessment function and appointed an individual to administer all regulatory assessments owed by the company. A payment schedule tracking the description and amount of all such fees has been created and is updated as the company expands its operations.

By this letter, OpTel submits a settlement offer to resolve the pending docket before the Commission. OpTel proposes a \$100.00 settlement in lieu of the \$500.00 fine normally imposed for this rule violation. Ms. Paula Isler, the staff member assigned to this docket, has advised OpTel that this settlement has been accepted by the Commission in similar cases. It is OpTel's hope that the Commission will recognize the efforts the company has undertaken to resolve this matter quickly and accept its settlement offer.

pertaining to this matter, please feel free to contact me at 214-634-3896.

Thank you for your consideration of OpTel's proposal. Should you have any questions

AFA APP CAF CMU CTR EAG LEG LEG MAS OPC RRR SEG WAW OTH

_. .

Sincerely, tobar

Diane J. Harbaugh Manager, Regulatory Affairs

DOCUMENT NUMBER-DATE

1111 W. Mockingbird Lane • Dallas, Texas 75247 Tel: 214.634.3800 • Fax: 214.634.3838 • Internet: http://www.optelinc.c

EB -7 8

ORIGINAL

FPSC-RECORDS/REPORTING



VIA OVERNIGHT MAIL

January 27, 2000

Mr. Frank Harrison Division of Administration Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, Florida 32399-0850

Reference: 1999 Regulatory Assessment Fees TVMAX Telecommunications Inc. d/b/a OpTel

Dear Mr. Harrison:

Enclosed please find completed documentation and a check in the amount of \$121.13 for payment of the 1999 Regulatory Assessment Fee by TVMAX Telecommunications Inc. d/b/a OpTel. In addition, a payment of \$50.00 is enclosed to cover the 1999 regulatory assessment fee for the company's interexchange operations.

Should you have any questions pertaining to this matter, please feel free to contact me at 214-634-3896.

Sincerely,

ion Alarbank

Diane J. Harbaugh Manager, Regulatory Affairs

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000 Shared-Tenant Sovice Provider Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONL Check#	Y
Actual Return Estimated Return Amended Return	TS176 OpTel 1111 W. Mockingbird Lane, 10th Floor Dallas, TX 75247	\$ \$	0603003 003001 P 0603003 004011
PERIOD COVERED: 01/01/1999 TO 12/31/1999		SPostmark Date	· •
	Please Complete Below If Official Mailing Address Has Changed	Initials of Preparer	
(Name of Company)	(Address)	(City/State)	(Zip)
LINE			

<u>NO.</u>	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Intrastate Operating Revenue	<u>\$ 80, 754.47</u>
2.	LESS: Amounts Paid to Other Telecommunications Companies*	
	(see "2. Fees" on back)	
3.	Net Intrastate Operating Revenue for Regulatory Assessment Fee	
	Calculation (Line 1 less Line 2)	80,754.47
4.	Regulatory Assessment Fee Due (Multiply Line 3 by 0.0015)	121.13
5.	Penalty For Late Payment (see "3. Failure to File by Due Date" on back)	-
6.	Interest For Late Payment (see "3. Failure to File by Due Date" on back)	-
7.	TOTAL AMOUNT DUE	\$ 12113

* These amounts must be <u>intrastate only</u> and must be verifiable. AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

- time	CONTROLLER	1/25/00
(Signature of Company Official)	(Title)	(Date)
CRAIG MZLACEK (Preparer of Form - Please Print Name)	Telephone Number (214) 634 - 3800	Fax Number (214) 634 - 3872
PSC/CMU-34 (Rev. 11/11/99)	F.E.I. No. 95 - 4498704	

TVMAX Telecommunica	1111 W tions, Inc.	ALLAS, TX 75247			No. 128	3779
DATE: 26-JAN-00 (UST. ACCT. NO.	(214) 634-3800 VENDOR NAME	FLORIDA PU	JBLIC SERVIC	CE VENDOR NO.	3388
INVOICE NO IN	VOICE DATE	DESCRIPTION		DISCOUNT AMO	UNT NET	AMOUNT
1999 ASSMT 31	-DEC-99			0.0	0	121.13
•						
•						
•						
				:		
•						
•						
· /						
•	:					
•						
•						
· ·						
•						
•						
·						
PLEASE DETACH AND RET	AIN THIS STATEMENT	AS YOUR RECORD OF PAYMENT		n 0.(00	121.13
· · · · · · · · · · · · · · · · · · ·						ghe ^h addhaig
THIS CHECK CONTAIN	S SAFETY FEATURES F	RONT AND BACK. DO NOT CASH U	and the second	E THE WORD "SAFE" W ICA TEXAS, N.A.	VHEN HOLDING AT A	AN ANGLE.
OnTol		munications, Inc.	CORPORA	TE OFFICE	No. 128	8779
Shin	1111 W. MOCKINGE DALLAS,	BIRD LN., SUITE 1000 TX 75247 34-3800		9 <u>312</u> 110	Let e	
The choice is clear A Vidcotron Company	•	34-3800	.			
	,		CHECK DATE			
	· · ·		26-JAN-00	. N. S.		*121.13
PAY One Hund	dred Twenty	-One Dollars And :	13 Cents***	VOID AFTER 90 E)AYS * * * * * * * * * * *	No. Contraction of the second se
то						·
THE CAPI				Rend	100	с. 1 ж.
LOC 434V	SHUMARD OAL Ahassee, Fl	K BLVD 32399-0850	EDACT	ED 7	9 1 A 1 A 1	· · · · · · · · · · · · · · · · · · ·
	-		· · · · ·			<u></u>
L		· · · · ·		·····		· · ·
	II = 7					

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/31/2000 Interexchan Company Regulatory Assessme Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TI592 OpTel 1111 West Mockingbird Lane, Suite 1000 Dallas, TX 75247	\$0603001 \$P 0603001 \$P 0603001 004011 \$I
PERIOD COVERED: 01/01/1999 TO 12/31/1999		Postmark Date Initials of Preparer
	Please Complete Below If Official Mailing Address Has Changed	

	(Name of Company)	Address)	(City/State)	(Zip)
<u>LINE NO.</u>	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVENUE	INTRASTATE I	REVENUE
1.	Long Distance Services	\$59,396.00	\$ <u>19.719.4</u>	7
2.	Access Services	<u></u>		
3.	Private Line Services	<u> </u>		i
4.	Leased Facilities & Circuits Services			
5.	Miscellaneous Services			
6.	TOTAL Telephone Services	\$ 59 396 00	\$ <u>19.719.4</u>	7
7.	LESS: Amounts Paid to Other Telecommunications Companies*			
	(see "2. Fees" on back)	(<u> </u>	<u> </u>
8.	TOTAL REVENUES For Regulatory Assessment Fee Calculation		19 719 4	<u>}</u>
9.	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)		5000_	
10.	Penalty for Late Payment (see "3. Failure to File by Due Date" on ba	ck)		
11.	Interest for Late Payment (see "3. Failure to File by Due Date" on ba	ck)		
12.	TOTAL AMOUNT DUE		<u>\$50.00</u>	

* These amounts must be intrastate only and must be verifiable.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

 Facilities-Based Carrier Alternate-Operator Service 	() Reseller () Rebiller	CURRENT COMPANY STATUS () Call Aggregator (×) Other:STS	
		BILLING INFORMATION	
Complete below if billing agent if othe	r than yourself.		
	2010 10001341(3-200	Addifess: City/State/Zip)	
What is the total amount of customer d Amount: \$ for 19	•		What is the total amount of bond held (if applicable)? Amount: \$ Expires:
	•	COMPANY INFORMATION	
	lities? (×) YES	COMPANY INFORMATION () NO TC6	
Amount: \$ for 19 Do you lease telecommunications' faci If YES, who do you lease these faciliti	litics? (×) YES es from? Name:	() NO	

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a rue and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

Ai	CONTRULLER	1/25/00
(Signature of Company Official)	(Title)	(Date)
CRAIG MILACEK	Telephone Number (214) 634-3800 Fa	x Number (214) \$ 34 - 3870
(Preparer of Form - Please Print Name)	F.E.I. No. 95 - 4498704	

TVMAX Telecom	nunications, Inc.	1111 W CKINGBIRD LN., SUITE 1000 ALLAS, TX 75247 (214) 634-3800			No	. 128781
DATE: 26-JAN-	00 CUST. ACCT. NO		FLORIDA	PUBLIC	SERVICE VE	NDOR NO. 3388
INVOICE NO	INVOICE DATE	DESCRIPTION		DI	SCOUNT AMOUNT	NET AMOUNT
ASSESSMT	31-DEC-99				0.00	50.00
.					1	
•						
.					:	
•						
•						
•						
-						
•						
•						
•						
•						
-						
PLEASE DETACH AN	D RETAIN THIS STAT	EMENT AS YOUR RECORD OF PAYMENT.	Thank	Une	0.00	50.00
THIS CHECK CO	NTAINS SAFETY FEAT	URES FRONT AND BACK. DO NOT CASH UN	NLESS YOU CAN	SEE THE WO	RD "SAFE" WHEN H	OLDING AT AN ANGLE.
	тумах т	elecommunications, Inc.		RATE OFFIC		. 128781
UDI	1111 W. MO	CKINGBIRD LN., SUITE 1000		NG, TEXAS		
The choice		ALLAS, TX 75247 (214) 634-3800	د.	32-9312 3110	an _{an a} n an a' an an a' an	
A Vidcotron C	ompany		CHECK DAT	re (CHECK NUMBER	CHECK AMOUNT
			26-JAN-	00	128781 *	******50.00
PAY Fift	y Dollars A	nd 00 Cents*********	****	VOI	D AFTER 90 DAYS * * * * * * * * * *	******
то						
THE C	LORIDA PUBL APITAL CIRC	LE OFFICE CENTER		G	Par 1	
2	540 SHUMARD Allahassee,		DAC		- Cig	
	,		as in a		.	



VIA OVERNIGHT MAIL

January 27, 2000

Mr. Frank Harrison Division of Administration Florida Public Service Commission 2540 Shumard Oak Blvd Tallahassee, Florida 32399-0850

Reference: 1998 and 1999 Regulatory Assessment Fees OpTel (Florida) Telecom, Inc.

Dear Mr. Harrison:

Enclosed please find completed documentation and a check in the amount of \$68.50 to cover 1998 Regulatory Assessment Fees, Late Payment Penalties, and interest payments due from OpTel (Florida) Telecom, Inc. Due to a series of reorganizations, OpTel inadvertently neglected to remit the fee to the Commission prior to this time. Please note that I have also enclosed the 1999 RAF form and 1999 regulatory assessment fee for the company.

Should you have any questions pertaining to this matter, please feel free to contact me at 214-634-3896.

Sincerely,

Diane Harbard

Diane J. Harbaugh Manager, Regulatory Affairs

TO AVOID PENALTY AND INTEREST CHARGES. THE REALATORY ASSESSMENT FEE RETURN MUST BE FILED ON OFFICE 02/01/1999

STATUS:			a Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Dallas, TX PERIOD COVERED: 01/01/1998 TO 12/31/1998		OpTel 1111 West Mo	ockingbird Lane, Suite 1000	\$0603000 003000 \$P 0603000 004011 \$S
			Below If Official Mailing Address Has Changed	Postmark Date I Initials of Preparer
	(Name of Company)		(Address)	(City/State) (Zip)
LINE NO. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Basic Local Services Long Distance Services Access Services Private Line Services Leased Facilities & Circui Miscellaneous Services TOTAL REVENUES For Regulatory Assessment Fee Penalty for Late Payment Interest for Late Payment TOTAL AMOUNT DUE	Regulatory Assessment F e Due (Multiply Line 7 f		\$ <u>0.00</u> - - - - - - - - - - - - - - - - - -
		C	URRENT COMPANY STATUS	
·				
) Facili	ities-Based Provider		 () Reseller (✓) Other: <u>COMPANY</u>. <u>IS NOT OPERATING</u> AS 	AN ALEC IN FLORIDA AT THIS THE
	ities-Based Provider welow if billing agent if othe	r than yourself.		AN ALEC IN FLORIDA AT THIS THE
		r than yourself.	(~) Other: <u>COMPANY IS NOT OPERATING</u> AS	AN ALEC IN FLORIDA AT THIS TIME () (Telephone)
	elow if billing agent if othe	r than yourself.	() Other: <u>COMPANY</u> IS NOT OPERATING AS BILLING INFORMATION	()
Complete b	elow if billing agent if othe	ities? () YES	() Other: <u>COMPANY IS NOT OPERATING</u> A5 BILLING INFORMATION (Address: City/State/Zip)	() (Telephone)

information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

	CONTROLUER	1/24/99
(Signature of Company Official)	(Title)	(Date)
CRATE MILACEK	Telephone Number (214) 634 - 3800 Fax Number (21	4) 634 - 3870
(Please Print Name)	F.E.I. No. 95 - 4498704	

.

TVMAX Telecomn	nunications, Inc.	1111 W OCKINGBIRD LN., SUITE 1000 ALLAS, TX 75247 (214) 634-3800	·		No	128780
DATE: 26-JAN-	00 CUST. ACCT. N		FLORIDA	PUBLIC	SERVICE VE	NDOR NO. 3388
INVOICE NO	INVOICE DATE	DESCRIPTION			COUNT AMOUNT	NET AMOUNT
ASSESMT-1	31-DEC-99				0.00	68.50
•						
•						
•						
•						
•						
•		· · · · ·				
•						
· .						
•						
•					-	
-					-	
•					1	
•						
•						
•						
.						
•						
•						
•					-	
•						
PLEASE DETACH AN	D RETAIN THIS STAT	TEMENT AS YOUR RECORD OF PAYMENT	 7hank	Unu	0.00	68.50
THIS CHECK CON	NTAINS SAFETY FEAT	URES FRONT AND BACK. DO NOT CASH U	NLESS YOU CAN	SEE THE WOR	RD "SAFE" WHEN HO	DLDING AT AN ANGLE.
		elecommunications, Inc.			5, N.A.	120700
Ong	0.	OCKINGBIRD LN., SUITE 1000		ORATE OFFICE	No.	128780
The choice i	D,	ALLAS, TX 75247 (214) 634-3800		<u>32-9312</u> 3110		
A Vidcotron Co			CHECK DA		HECK NUMBER	CHECK AMOUNT
			26-JAN-			*******68.50
	5		L			
PAY Sixty	y-Eight Dol	lars And 50 Cents****	******	*****	* * * * * * * * * * * * *	* * * * *
то						
CA	LORIDA PUBL Apital circ	LE OFFICE CENTER		\Q	2 day	
25	540 SHUMARD Allahassee,	OAK BLVD FL 32399-0850	DAC	TED		
						<u>e la construcción de la construcción</u> de Na construcción de la construcción de
L					<u>.</u>	
	11 m (* 11. m	-				

TO AVOID PENALTY AND INTEREST CHARGES, THE REGUL Y ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFOI /31/2000 Alternative Local Exchange Company Regulatory Assessment Fee Return

STATUS:	Florida Public Service Commission (See Filing Instructions on Back of Form)	FOR PSC USE ONLY Check#
Actual Return Estimated Return Amended Return	TX070 OpTel 1111 West Mockingbird Lane, Suite 1000 Dallas, TX 75247	\$0603006 003001 \$P 0603006 004011
PERIOD COVERED:		· · · · · · · · · · · · · · · · · · ·
01/01/1999 TO 12/31/1999		Postmark Date Initials of Preparer
	Please Complete Below If Official Mailing Address Has Changed	<u>.</u>

Г

٦

	(Name of Company)	(Address)	(City/State)	(Zip)
LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA GROSS OPERATING REVE	NUE INT	TRASTATE REVENUE
1.	Basic Local Services	\$0.00	\$	0,00
2.	Long Distance Services (IntraLATA only)**	÷	<u></u>	<u> </u>
3.	Access Services		<u> </u>	
4.	Private Line Services		·	-
5.	Leased Facilities & Circuits Services		<u></u>	-
6.	Miscellaneous Services	<u> </u>		~
7.	TOTAL REVENUES		\$	00
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)			
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)			0.00
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)			50,00
11.	Penalty for Late Payment (see "3. Failure to File by Due Date	on back)		<u> </u>
12.	Interest for Late Payment (see *3. Failure to File by Due Date	on back)		
13.	TOTAL AMOUNT DUE		\$	<u>50 00</u>

These amounts must be <u>intrastate only</u> and must be verifiable. Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return. **

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

() Facilities-Based Provider	CURRENT COMPANY STATUS Facilities-Based Provider () Reseller () Other: COMPANY 1 5 NOT OPERATING AS AN ALEC IN FLORIDA AT THIS TIME					
Complete below if billing agent if other than yourself.	BILLING INFORMATION					
		()				
(Name)	(Address: City/State/Zip)	(Telephone)				
	COMPANY INFORMATION	<u> </u>				
Do you lease telecommunications' facilities? () YES f YES, who do you lease these facilities from? Name: _	(1) NO					
Address:						
I, the undersigned owner/officer of the above-named co s a true and correct statement. I am aware that pursuant to Sec public servant in the performance of his/her duty shall be	mpany, have read the foregoing and declare that to the best of my know tion 837.06, Florida Statutes, whoever knowingly makes a false statem guilty of a misdemeanor of the second degree.	wledge and belief the above informa eent in writing with the intent to misl 1/24/99				
(Signature of Company Official)	(Title)	(Date)				
v		· · ·				

.

-

TVMAX Telecomm	unications, Inc.	1111 OCKINGBIRD LN., SUITE 1000 JALLAS, TX 75247 (214) 634-3800			No.	128778
DATE: 26-JAN-(0 CUST. ACCT. NO	0. VENDOR NAME	FLORIDA	PUBLIC	SERVICE VENDO	RNO. 3388
INVOICE NO	INVOICE DATE	DESCRIPTION			SCOUNT AMOUNT	NET AMOUNT
1999 ASSMT	31-DEC-99				0.00	50.00
•				1		
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
					Ì	
•						
-						
•						
•				1		
•						
• .						
•		,				
•						
•						
,						
·						
•	1					
	L _a		<u> </u>			
EASE DETACH AND	RETAIN THIS STATE	MENT AS YOUR RECORD OF PAYMENT		lou	0.00	50.00
				 ````\		
THIS CHECK CONT	AINS SAFETY FEATU	RES FRONT AND BACK. DO NOT CASH U	NLESS YOU CAN S	EE THE WOR	D "SAFE" WHEN HOLDIN	G AT AN ANGLE.
			BANK OF AME	RICA TEXAS	. N.A.	
Onla		lecommunications, Inc.	CORPOR	ATE OFFICE G, TEXAS	No.	128778
<u>o pic</u>	DAL	KINGBIRD LN., SUITE 1000 LAS, TX 75247				
The choice is a	dear. (2	214) 634-3800	3	<u>-9312</u> 8110	: * * *	
A Vidcotron Com	pany		CHECK DATE	l ci	ECK NUMBER	CHECK AMOUNT
			26-JAN-0			****50.00
			L			and the second
Y Fifty	Dollars Ar	nd 00 Cents*********	******	VOID	AFTER 90 DAYS	***
						·····
) IE FLO	RIDA PUBLI	C SERVICE		~		
RDER CAP	PITAL CIRCL	E OFFICE CENTER		- SIX	hand	
254 TAL	0 SHUMARD LAHASSEE,			<u>v v</u> _		· · · · · · · · · · · · · · · · · · ·
<b></b>		RR.	DACT			
				C.L		
			· · · · · · · · · · · · · · · · · · ·			

ll^e

. .

•