STATE OF FLORIDA

COMMISSIONERS: MATTHEW M. CARTER II, CHAIRMAN LISA POLAK EDGAR NANCY ARGENZIANO NATHAN A. SKOP DAVID E. KLEMENT

DIVISION OF Administrative Services Apryl C. Lynn Director (850) 413-6330

# Huhlic Service Commission

December 10, 2009



Ms. Molly Merry Bureau of Accounting Financial Services 101 East Gaines Street Tallahassee, Florida 32399-0354

Dear. Ms. Merry:

The Public Service Commission has exercised reasonable efforts to collect fines from the utility referenced below. No response has been received, therefore further collection efforts would not be cost effective.

DOCKET NUMBER	UTILITY NAME	TOTAL AMOUNT
080579-TI	Astrocom Corporation	\$25,000.00

The Delinquent Accounts Receivable Transmittal form, a memorandum from the Commission's Office of the General Counsel, and other supporting documentation are enclosed. At your discretion, please grant this agency permission to write off the debt.

Sincerely,

Marcia Sharma, for

Apryl C. Lynn

ACL:db Enclosures

cc: Office of the General Counsel (Brooks) Division of Regulatory Analysis (Pruitt) Office of Commission Clerk (Cole)

DOCUMENT NUMBER CAT.

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FPSC-COMMISSION CLEPER

Internet E-mail: contact@psc.state.fl.us

### State of Florida



# Hublic Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FLORIDA 32399-0850

## -M-E-M-O-R-A-N-D-U-M-

DATE: December 8, 2009

**TO:** Apryl C. Lynn, Director, Division of Administrative Services

- FROM: Timisha Brooks, Attorney, Office of the General Counsel
- **RE:** Request for Permission from Department of Financial Services to Write-Off the Penalty Imposed on Astrocom Corporation in Docket No. 080579-TI – Compliance investigation of Astrocom Corporation for apparent violation of Rule 25-24.470, F.A.C., Registration Required.

On September 4, 2008, Docket No. 080579-TI, was established to address Astrocom Corporation's (Astrocom) failure to register as an IXC and to file a tariff, pursuant to Rule 25-24.470, Florida Administrative Code (F.A.C.).

By Order No. PSC-09-0059-PAA-TI, issued January 27, 2009, the Commission imposed a penalty against Astrocom in the amount of \$25,000 for the company's apparent violation of Rule 25-24.470, F.A.C.

On February 17, 2009, Astrocom protested the Order and submitted a proposed settlement offer. However, Astrocom has failed to remit the voluntary contribution.

Therefore, staff requests that the Division of Administrative Services/Fiscal Services Section take the appropriate steps to seek permission from the Department of Financial Services to write-off the uncollectible penalty for Astrocom.

TJB/

cc: David Brown Kiwanis Curry

# DEPARTMENT OF FINANCIAL SERVICES **BUREAU OF ACCOUNTING** DELINQUENT ACCOUNTS RECEIVABLE TRANSMITTAL (DI FACE DDINT OD TVDE)

(I DEASE I RIVI OK I I I E)									
AGENCY FLORIDA PUBLIC SERVICE COMMISSION DATE November 12, 2009 PAGE 1 OF 1									
CONTACT KAREN BELCHER, DIRECTOR, FISCAL SERVICES									
PHONE NUMBER 850-413-6273									
FLAIR ACCOUNT CODE SAMAS ACCOUNT CODES: 61 50 2 573003 610100 00 000300									
<u>61 74 1 000331 610100 00 001200</u>									
. Docket No 080579-TI Astrocom Corporation									
Agency Reference # Last Name	First M Social Security #	DFS use only							
•		Dr's use only							
10850 NW 21st Street, Suite 170 Miami, Florida 33172 Last Known Address (Include Zip)									
Unknown 305-223-6200	25,000	25,000							
Home Telephone Work Phone	Principal Amount Penalty/Interest Amount								
Section 364.285, Florida Statutes	September 22, 2009	8							
Penalty/Interest Authority	Debt Type								
	Date Debt Incurred company's violation of Rule 25-24 470 Florida A								
Fine assessed by the Commission for the company's violation of Rule 25-24.470, Florida Administrative Code									
Dest De	scription, e.g., Drivers License, Property Damage								
Additional Info	mation, e.g., Date of Birth, Drivers License Number, etc								
2.	imation, e.g., Date of Birth, Drivers License Number, etc								
Agency Reference # Last Name	First M Social Security #	DFS use only							
	T . TT								
Last Known Address (Include Zip)									
Home Telephone Work Phone	Principal Amount Penalty/Interest Amount	Total							
Penalty/Interest Authority	Date Debt Incurred	Debt Type							
Debt De	scription, e.g., Drivers License, Property Damage	<u> </u>							

	Additional Information, e.g., Date of Birth, Drivers License Number, etc								
3.				-					
	Agency Reference #	Last Name	First	M	Social Security #	DFS use			

Last Known Address (Include Zip)

Social Security #

Home Telephone Work Phone Principal Amount Penalty/Interest Amount Total Penalty/Interest Authority Date Debt Incurred Debt Type

Debt Description, e.g., Drivers License, Property Damage

Additional Information, e.g., Date of Birth, Drivers License Number, etc

### **\*\*DEBIT TYPE CODE\*\***

1. RETURNED CHECK 2. NONPAYMENT FOR STATE GOODS/SERVICES 3. DAMAGE TO STATE PROPERTY 7. COURT ORDER 8. FINES 9. OVERPAYMENT OF STATE FUNDS

c:\word\delinguent accts rec trans

Agency Reference #

4/01/99

DFS use only

#### GENERAL INSTRUCTIONS

Provide as much information as possible for each account or returned check listed. Names should include legal entities as well as individuals. Principal Amount is the original amount of the debt excluding any service charge, penalty, and/or interest. Penalty/Interest Amount is the amount of the service charge, penalty, and/or interest due to date on the delinquent account or returned check. For those accounts subject to interest charges, please indicate the interest rate, method of calculation, and whether the rate is subject to change. Penalty/Interest Authority is the Florida Statutory and/or Florida Administrative Code citation authorizing the service charge, penalty, and/or interest on delinquent accounts and returned checks. Date Incurred is the date the account became delinquent; e.g., the date a check was returned marked NSF, the date an invoice was due to be paid, etc. Debt Type must be indicated using the codes listed at the bottom of the form.

In order to properly pursue a delinquent account the Bureau of Accounting and the collection agency, if used, require pertinent information about the debt and debtor. Such information regarding the debt should be provided in the area titled Debt Description and include the purpose of the original payment by check; type of goods/services provided; what, when, and where State property was damaged; when, why and what court ordered a payment; when and why a fine was issued; for what and when were State funds overpaid; etc. Additional Information about the debtor should include, if available, date of birth, driver license number, credit card type and number, names and addresses of relatives, and any other information that may be used to locate the debtor. The more the Bureau and the collection agency know about the debt and debtor the more likely the recovery of the debt.

To facilitate the transfer of moneys collected, each agency shall designate one FLAIR revenue account code to which all moneys will be transferred by the journal transfer. Agencies will be provided a detailed listing of amounts collected and collection fees charged for each amount. The Department will also provide instructions in accordance with Generally Accepted Accounting Principles on the appropriate method of recording the difference between any moneys collected and the amount of the delinquent account; i.e., treat the difference as cost of collection or provide approval for adjusting the balance of the account pursuant to Section 17.04, Florida Statutes.

Forms and Questions should be addressed to:

Department of Financial Services Bureau of Accounting Room 414 Fletcher Building 200 East Gaines Street Tallahassee, Florida 32399-0354 (850) 410-9365 / SC 210-9365

DFS-AA 580 Delinquent Accounts Receivable Transmittal Form

Revised 4/01/99