

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 6/6/97

Docket No. 970682-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4909 by Robco Bobby Titone d/b/a R and B Pay Telephones (TF 771)

5. Suggested Docket Mailing List (attach separate sheet if necessary) (TF 771)

- 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)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

NAME: Rocco Titone + Bruce Burrell

NAME OF COMPANY: R+B Pay Phones

ADDRESS: 6242 2AVE SOUTH

CITY/STATE/ZIP: St Pete 33707

PHONE # W/AREA CODE: 813-343-6226

CERTIFICATE #: 4909 COMPANY CODE: TF771

(Answer "YES" to one of the following statements below.)

YES (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I'm NOT making NO money

SIGNATURE: Rocco Titone DATE: 6-1-97

ATT I HAVE PAID my Regulator Assessment FEE