

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date September 14, 1998

Docket No. 981133-TC

- 1. Division Name/Staff Name Communications/Isler
- 2. OPR Communications/Isler
- 3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 4128 issued to Richard P. Wasilowski for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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)

Richard P. Wasilowski

2. Interested Persons and their representatives (if any)

6 Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

~~20069~~ SEP 15 8

PROC. RECORDS/REPORTING



# Public Service Commission

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

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DATE: August 17th, 1998  
TO: Paula Isler  
FROM: Jackie Knight *JK*  
RE: RAF non payments - *Eleventh set of 10*

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Paula, attached are ten communication companies (eleventh set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of August is \$4.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

- 1 TF291
- 2 TF293
- 3 TF313
- 4 TF314 - *Cancelled 2-21-98*
- 5 TF330
- 6 TF340
- 7 TF341
- 8 TF342
- 9 TF343 - *Cancelled 5-15-98*
- 10 TF348

Should you have any questions, please let me know.  
G:\pi3.mpl

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAF PERIOD BEGINS	T NO RAF PERIOD ENDS	REVENUE REPORT	REGULATORY ASSIGNMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIVED	COLL AGENCY FEE	RAF OPERATIONS RECEIVED	POST MARK DATE	REPORT NUMBER	PENALTY DUE PERIOD BEGINS	PENALTY DUE PERIOD ENDS	INTEREST DUE PERIOD DATE	INTEREST FEE	DATE RELEASED LETTER	DATE P & I LETTER	DAYS OF EXT	EXTENDED AMOUNT (7 DAYS SA 1 YEAR SA)	EXT AMOUNT PAID "RAF"	DATE TRAIL-UP PERIOD ENDS	TRAIL-UP AMOUNT RECEIVED "RAF"	TRAIL-UP P & I RECEIVED
1730	Richard P. Wadley	15-Apr-83						10.00																	

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1730	Richard P. Wadley	15-Apr-83						10.00																	

411 50.00  
 P 19.00  
 2 4.00  
 66 50

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1730	Richard P. Wadley	15-Apr-83		12-31-83		14,750.10	18.11	10.00	143.38			10-20-83	11-31-83	12-31-83			10.90									

P 2.50  
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 3.77

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAF PERIOD BEGINS	T NO RAF PERIOD ENDS	REVENUE REPORT	REGULATORY ASSIGNMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIVED	COLL AGENCY FEE	RAF OPERATIONS RECEIVED	POST MARK DATE	REPORT NUMBER	PENALTY DUE PERIOD BEGINS	PENALTY DUE PERIOD ENDS	INTEREST DUE PERIOD DATE	INTEREST FEE	DATE RELEASED LETTER	DATE P & I LETTER	DAYS OF EXT	EXTENDED AMOUNT (7 DAYS SA 1 YEAR SA)	EXT AMOUNT PAID "RAF"	DATE TRAIL-UP PERIOD ENDS	TRAIL-UP AMOUNT RECEIVED "RAF"	TRAIL-UP P & I RECEIVED	
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Is your RETURN ADDRESS completed on the reverse side?

**GENERAL**

- 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 can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TF 330

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

12-13-97

5. Received By: (Print Name)

GRACE HARRISS

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Grace A. Hariss

Thank you for using Return Receipt Services.