

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 09/17/96

Docket No. 981187-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 3763 issued to Cheri Tenney for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Filing 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)

<u>Cheri Tenney</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

I:\PSC\RAR\MP\LESTDKT.  
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER DATE  
**10382** SEP 21 8  
REGULATORY REPORTING



# Public Service Commission

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

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DATE: ~~July 8th, 1998~~  
TO: Paula Isler  
FROM: Jackie Knight *JK*  
RE: RAF non payments - *Ninth set of 10*

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Paula, attached are ten communication companies (eighth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of July is \$3.50 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 TF107 ✓ no
- 2 TF110 ✓ no
- 3 TF111 ✓ no
- 4 TF120 ✓ no
- 5 TF121 | P-0 7 15 81 - EAP04
- 6 TF124 ✓ no
- 7 TF174 ✓ no
- 8 TF186 ✓ no
- 9 TF194 ✓ no
- 10 TF215 ✓ no

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

COMPY CODE	COMPANY NAME	ISS DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP PERIOD	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIVED	COLL AGENCY FEE	RAP PAYMENTS RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 275.00	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDD AMOUNT (\$ 175.00 DA 175.00)	EXT AMOUNT PAID "RAP"	DATE TRUS-UP MAILED	TRUS-UP AMOUNT RECEIVED "RAP"	TRUS-UP P & I RECEIVED	
TF111	Chaf Tenney	01-Jul-94						80.00																		

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TF111	Chaf Tenney	01-Jul-94						80.00																		

RAI 50.00  
P = 12.50  
I 31.50  
64.00

COMPY CODE	COMPANY NAME	ISS DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP PERIOD	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIVED	COLL AGENCY FEE	RAP PAYMENTS RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 275.00	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDD AMOUNT (\$ 175.00 DA 175.00)	EXT AMOUNT PAID "RAP"	DATE TRUS-UP MAILED	TRUS-UP AMOUNT RECEIVED "RAP"	TRUS-UP P & I RECEIVED	
TF111	Chaf Tenney	01-Jul-94		12-31-98	CR	102,885.88	548.21	888.88	88.78		888.88	08-07-97	CL81	112.30	112.30	82.30	82.30	02/08/97								

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TF111	Chaf Tenney	01-Jul-94		12-31-98	X	80.00	80.00	888.00	88.80		888.00	11-13-98	CB88	112.30	112.30	88.30	88.30	6-30-98								

COMPY CODE	COMPANY NAME	ISS DATE	INACTIVE DATE	RAP PERIOD BEGINS	"I" NO RAP PERIOD	RAP & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE PLAN DAYS 275.00	PENALTY PAID	INTEREST DUE PLAN DATE	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDD AMOUNT (\$ 175.00 DA 175.00)	EXT AMOUNT PAID "RAP"	DATE TRUS-UP MAILED	TRUS-UP AMOUNT RECEIVED "RAP"	TRUS-UP P & I RECEIVED		
TF111	Chaf Tenney	01-Jul-94		12-31-94		800.00		880.00	51.88		8118			2.80											
TF111	Chaf Tenney	01-Jul-94		6-30-94		800.00		880.00	7-22-94		AZ018														

Total 1112.00



is your RETURN ADDRESS completed on the reverse side?

- REQUIRE:**
- Complete Form 1 and any additional services.
  - Complete Form 2, 4a, 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*TF 121*

4a. Article Number

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt for Merchandise  COD

7. Date of Delivery

*12-16-97*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

*X [Signature]*

Thank you for using Return Receipt Service.