

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/17/98

Docket No. 981207-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 2062 Issued to Downtown Hotel Corpore. a Violation of Rules 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)

Media Di Carlo _____

2. Interested Persons and their representatives (if any)

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

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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE
10510 SEP 23 98
PSC-RECORDS/REPORTING



Public Service Commission

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

DATE: April 28, 1998
TO: Paula Isler
FROM: Michael Lake *ML*
RE: RAF NON PAYMENTS - SECOND SET OF 10

Paula, attached is a set of companies (second 10) who have not paid RAF's for 97. Interest and Penalty were calculated through the end of May (P-\$10.00 I-\$2.00). I have a total on the bottom of the first sheet as to what amount a utility owes. As before, I have not made copies, therefore you will need to keep the data for your files.

1. TD444 ✓ no
2. TD514 ✓ no
3. TD618 ✓ no
4. TD722 ✓ no
5. TD865 ✓ no
6. TD897 ✓ no
7. TE022 ✓ *main 8-20-97 (No)*
8. TE067 ✓ no
9. TE140 ✓ no
10. TE164 ✓ no

Should you have any questions, please let me know.

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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4 and 7.
- 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:

TD 865

4a. Article Number

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery 12/15/91

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.