

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 10/27/98

Docket No. 981446-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 5389 Issued to Daytona Beach (FL) Assembly Hall of Jehovah's Witnesses, Inc. for 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)

| | |
|------------------------|-------|
| <u>Don Christensen</u> | _____ |
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2. Interested Persons and their representatives (if any)

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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

12096 OCT 29 98

PSC RECORDS/REPORTING



Public Service Commission

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

DATE: October 20th, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JN*
 RE: RAF non payments - *First set of 80*

Paula, attached are eighty communication companies (first 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 October is \$5.00 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.

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|----|---------------------|----|--------------------|----|--------------------|----|--------------------|
| 1 | ✓TF899 | 21 | TF957 | 41 | TG010 | 61 | TG086 |
| 2 | ✓TF906 | 22 | TF958 <i>MONIE</i> | 42 | TG013 ✓ | 62 | TG087 |
| 3 | ✓TF910 ✓ | 23 | TF964 ✓ | 43 | TG016 | 63 | TG089 |
| 4 | ✓TF912 | 24 | TF967 ✓ | 44 | TG017 | 64 | TG096 ✓ |
| 5 | ✓TF913 ✓ | 25 | TF968 ✓ | 45 | TG026 ✓ | 65 | TG100 <i>MONIE</i> |
| 6 | ✓TF914 | 26 | TF969 | 46 | TG027 <i>MONIE</i> | 66 | TG104 |
| 7 | ✓TF918 | 27 | TF970 | 47 | TG029 | 67 | TG107 |
| 8 | ✓TF920 <i>MONIE</i> | 28 | TF972 | 48 | TG031 ✓ | 68 | TG109 <i>MONIE</i> |
| 9 | ✓TF921 <i>MONIE</i> | 29 | TF974 | 49 | TG040 | 69 | TG112 ✓ |
| 10 | ✓TF923 | 30 | TF980 ✓ | 50 | TG046 | 70 | TG114 |
| 11 | ✓TF924 ✓ | 31 | TF982 | 51 | TG048 <i>MONIE</i> | 71 | TG117 |
| 12 | ✓TF927 | 32 | TF985 ✓ | 52 | TG049 | 72 | TG119 ✓ |
| 13 | ✓TF928 | 33 | TF986 | 53 | TG050 | 73 | TG123 |
| 14 | ✓TF932 ✓ | 34 | TF987 | 54 | TG054 | 74 | TG127 |
| 15 | ✓TF933 ✓ | 35 | TF990 ✓ | 55 | TG065 | 75 | TG132 ✓ |
| 16 | ✓TF937 | 36 | TF991 | 56 | TG073 | 76 | TG139 ✓ |
| 17 | ✓TF938 <i>MONIE</i> | 37 | TF995 <i>MONIE</i> | 57 | TG079 | 77 | TG140 ✓ |
| 18 | ✓TF939 | 38 | TF999 | 58 | TG083 | 78 | TG142 |
| 19 | ✓TF951 | 39 | TG002 ✓ | 59 | TG084 ✓ | 79 | TG146 ✓ |
| 20 | ✓TF953 | 40 | TG005 <i>MONIE</i> | 60 | TG085 | 80 | TG150 <i>MONIE</i> |

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

| DATE | TIME | TYPE | TO | FROM | REMARKS | STATUS | CLASS | NO. | AMOUNT | DATE | TIME | TYPE | TO | FROM | REMARKS | STATUS | CLASS | NO. | AMOUNT | DATE | TIME | TYPE | TO | FROM | REMARKS | STATUS | CLASS | NO. | AMOUNT |
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Total: \$67.50

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TG 087

4a. Article Number

4b. Service Type

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

7. Date of Receipt

5. Received By: (Print Name)

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

6. Signature (Addressee or Agent)

X O - K - Carlson



Thank you for using Return Receipt Services.