

ORIGINAL

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date February 11, 2002

Docket No. 020135-TC

1. Division Name/Staff Name Division of Competitive Markets and Enforcement/T. Williams
2. OPR T. Williams
3. OCR \_\_\_\_\_

4. Suggested Docket Title Request by Townsite Corporation to cancel their Pay Telephone Service Certificate  
No. 7960 (TG849), effective 12/31/01.

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

A. Provide NAMES OR ACRONYMS ONLY if a regulated company.

B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)

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 recommendation.

DOCUMENT NUMBER DATE  
01968 FEB 19 2002  
FPSC-COMMISSION CLERK

COMPANY NAME: Townsite Corporation CO. CODE: TG849

COMPANY LIAISON: Douglas W. Oesterle, President

DOCKET NO.: \_\_\_\_\_ CERTIFICATE NO.: 7960 EFFECTIVE: 11/14/01

RAF RETURN NOTICE: \_\_\_\_\_

DELINQUENT NOTICE: \_\_\_\_\_

OTHER RETURNED MAIL: \_\_\_\_\_

RAR'S RETURNED MAIL: \_\_\_\_\_

YEAR(s) RAFs NOT PAID: 2001

YEAR(s) PENALTIES & INTEREST NOT PAID: \_\_\_\_\_

REVENUES/YEAR: \_\_\_\_\_

DATE LOTUS CHECKED FOR PAYMENT: \_\_\_\_\_

**OTHER INFORMATION**

01/10/02 - CCA provided me a copy of this company's 2001 RAF return with the

note: "Out of order". Is this a request for cancellation?

01/16/02 - Wrote company and advised it to pay 2001 RAF to be granted a

voluntary cancellation. Response due 01/30/02.

2/5/02 - From Co - Paym. of 2001 RAF, P & I

2/18/02 - Forwarded file to Certification Section -  
Voluntary Cancellation, Eff. 12/31/01

COMPANY IDENTIFICATION

Printed on 02/18/2002 at 07:52:37 by PJI

Complete Name: Townsite Corporation

Mailing Name: Townsite Corporation

Company Code: TG849

FEID Number: 59-2591729

RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date: 11/14/2001

Inactive Date:

Service: PAT - Pay Telephone

Received: Actual RAF Form

Status: Satisfied

Amended: No

Extension: No

Frozen: No

Comments: No

Payment Count: 1 Payment Made to Date

Operating Rev: \$0.00

Interstate Rev: \$0.00

RAF Rate: 0.0015

Net RAF Due: \$50.00

Assessment	Due	Paid	Owe
RAF	\$50.00	\$50.00	\$0.00
Penalty	\$2.50	\$2.50	\$0.00
Interest	\$0.50	\$0.50	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$53.00	\$53.00	\$0.00

Last modification was made on Tuesday, February 12, 2002 at 3:38 PM by Jackie Knight

STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
MICHAEL A. PALECKI  
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE SERVICES  
WALTER D'HAESELEER  
(850) 413-6600

## Public Service Commission

January 17, 2002

Mr. Douglas W. Oesterle, President  
Townsite Corporation  
PO Box 348  
Islamorada, FL 33156-0348

Dear Mr. Oesterle:

The Commission has received your recent correspondence with what appears to be a request for cancellation.

The effective date of a voluntary cancellation is the date the Commission received the company's request for cancellation. In this case, the Commission received your request in December 2001, therefore, the company will only owe the 2001 Regulatory Assessment Fee (RAF). The 2001 RAF form is enclosed.

Once the 2001 RAF is paid (due by January 30, 2002), then the Commission will voluntarily cancel the certificate with an effective date of December 31, 2001. If you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us), or at the address below.

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosure

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- ☒ Actual Return  
☐ Estimated Return  
☐ Amended Return

PERIOD COVERED:

11/14/2001 TO 12/31/2001

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG849-01-0-R  
 Townsite Corporation  
 P. O. Box 348  
 Islamorada, FL 33156-0348

Please Complete Below If Official Mailing Address Has Changed

### FOR PSC USE ONLY

Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

(Name of Company) (Address) (City/State) (Zip)

LINE NO.

ACCOUNT CLASSIFICATION

AMOUNT

- |    |  |          |
|----|--|----------|
| 1. | Gross Operating Revenue (Florida)  | \$ NONE  |
| 2. | Gross Intrastate Revenue   | NONE     |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back) | ( NONE ) |
| 4. | TOTAL REVENUES for Regulatory Assessment Fee Calculation<br>(Line 2 less Line 3)     | \$ NONE  |
| 5. | Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)                          | NONE     |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)              | NONE     |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back)             | NONE     |
| 8. | TOTAL AMOUNT DUE   | \$ NONE  |

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return.

2  
 (OUT OF SERVICE)

\* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Douglas W. Jester  
 (Signature of Company Official)

Accountant  
 (Title)

12/31/01  
 (Date)

Douglas W. Jester  
 (Preparer of Form - Please Print Name)

Telephone Number 305 6657155 Fax Number 305 6672238

F.E.I. No. 59-2591729

# COMPANY IDENTIFICATION

Printed on 01/11/2002 at 14:11:01 by PJI

Complete Name: Townsite Corporation

Mailing Name: Townsite Corporation

Company Code: TG849

FEID Number: 59-2591729

## RAF ACCOUNT FOR THE PERIOD 01/01/2001 THROUGH 12/31/2001

Reg. Date: 11/14/2001

Inactive Date:

Service: PAT - Pay Telephone

Received: No RAF Form

Status: Pending

Amended: No

Extension: No

Frozen: No

Comments: No

Payment Count: 0 Payments Made to Date

Operating Rev: \$0.00

Interstate Rev: \$0.00

RAF Rate:

Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on Thursday, December 6, 2001 at 3:27 PM by Jackie Knight

Period covered: 01/01/2001 through 12/31/2001

RAF rate:

Operating revenue: \$0.00

Documents: RAF form mailed on 12/06/2001

## Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

☒ Actual Return  
☐ Estimated Return  
☐ Amended Return

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG849-01-0-R  
 Townsite Corporation  
 P. O. Box 348  
 Islamorada, FL 33156-0348

## FOR PSC USE ONLY

Check# \_\_\_\_\_  
 \$ \_\_\_\_\_ 0603002  
 \$ \_\_\_\_\_ 003001  
 \$ \_\_\_\_\_ P  
 \$ \_\_\_\_\_ 0603002  
 \$ \_\_\_\_\_ 004011  
 \$ \_\_\_\_\_ I  
 Postmark Date \_\_\_\_\_  
 Initials of Preparer \_\_\_\_\_

PERIOD COVERED:

11/14/2001 TO 12/31/2001

Please Complete Below If Official Mailing Address Has Changed

(Name of Company)

(Address)

(City/State)

(Zip)

LINE

NO.

ACCOUNT CLASSIFICATION

AMOUNT

- |    |   |         |
|----|---|---------|
| 1. | Gross Operating Revenue (Florida)   | \$ NONE |
| 2. | Gross Intrastate Revenue  | NONE    |
| 3. | LESS: Amounts Paid to Other Telecommunications Companies*<br>(see "2. Fees" on back)    | (NONE)  |
| 4. | <b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b><br>(Line 2 less Line 3) | \$ NONE |
| 5. | Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)                             | NONE    |
| 6. | Penalty for Late Payment (see "3. Failure to File by Due Date" on back)                 | NONE    |
| 7. | Interest for Late Payment (see "3. Failure to File by Due Date" on back)                | NONE    |
| 8. | <b>TOTAL AMOUNT DUE</b>   | \$ NONE |

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return.

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 < out of service >

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I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

*Paula W. Oster*  
 (Signature of Company Official)

*Accountant*  
 (Title)

12/31/01  
 (Date)

*Paula W. Oster*  
 (Preparer of Form - Please Print Name)

Telephone Number 305 6657155 Fax Number 305 6672238

F.E.I. No. 59-2591729