

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/17/98

Docket No. 981176-7C

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 2644 Issued to Teresa M. Monte d/b/a Syncom Communications for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Calling 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>Teresa M. Monte</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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


10287 SEP 18 98

FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: May 13, 1998
TO: Paula Isler
FROM: Michael Lake 
RE: RAF non payments - *Fourth set of 10*

Paula, attached are ten communication companies (fourth 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 May is \$2.0 and Penalty is \$10. 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 TE329 ✓ no
- 2 TE335 ✓ no
- 3 TE342 ✓ no
- 4 TE350 ✓ no 25.00 due 25.00 - 24.52 - 24.707
- 5 TE377 ✓ no
- 6 TE431 ✓ no
- 7 TE476 ✓ no
- 8 TE486 ✓ 4.29.98 - 24.767
- 9 TE525 ✓ no
- 10 TE563 ✓ no (Paid 5.18.98 - 24.122 - 14.52 - 26.651)

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

DATE		TIME		TYPE		STATUS		CLASS		SECTION		SUBJECT		PAGE		REMARKS		TOTAL			
MONTH	DAY	START	END	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY
1981	10	08:30	12:00	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Ref #50

DATE		TIME		TYPE		STATUS		CLASS		SECTION		SUBJECT		PAGE		REMARKS		TOTAL			
MONTH	DAY	START	END	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY
1981	10	08:30	12:00	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Ref #50
16
12
62

DATE		TIME		TYPE		STATUS		CLASS		SECTION		SUBJECT		PAGE		REMARKS		TOTAL			
MONTH	DAY	START	END	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY
1981	10	08:30	12:00	1

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12.5
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91.00

OK

DATE		TIME		TYPE		STATUS		CLASS		SECTION		SUBJECT		PAGE		REMARKS		TOTAL			
MONTH	DAY	START	END	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY	NO.	BY
1981	10	08:30	12:00	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

25

13.00

Total

159

DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS

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DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS

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DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS	DATE	TIME	FROM	TO	TYPE	STATUS	REMARKS	INITIALS

61c

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):

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

Consult postmaster for fee.

3. Article Addressed to:

TF 3.42

4a. Article Number

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

Date of Delivery

5. Received By: (Print Name)

DEC 16 1997

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

6. Signature: (Addressee or Agent)

X John M...



Thank you for using Return Receipt Service.