

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/8/96

Docket No. 96 0155-TC

1. Division Name/Staff Name Communications/Hawkins
2. OPR _____
3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 2633 by Richard L. Dittman.

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)

Richard L. Dittman

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Interested Persons and their representatives (if any)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |
| _____ | _____ |

6. Check one:

- Documentation is attached.
 Documentation will be provided with the recommendation.

Date: Feb. 3 1996

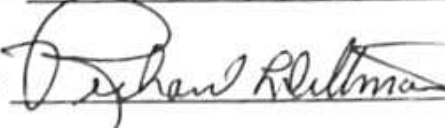
Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D
540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: _____

Print your name: Richard L Dittman

Your signature: 

Richard & Linda Dittman
73 Woodview Dr
Port Orange FL 32119-1227

Ms. Brenda H Hawkins
Florida Public Ser. Com.
Division of Communications, Room 280-D
2450 Shumard Oak Blvd.

FALLASSER FL

32399-0850

