

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 2/13/96

Docket No. 960174-TC

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

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 3888  
by Mark E. Southworth

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)

Mark E. Southworth

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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 the recommendation.

24  
Date: 2/1/96

Ms. Brenda H. Hawkins  
Florida Public Service Commission  
Division of Communications, Room 280-D  
2540 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: SOUTHWORTH COMMUNICATIONS

Print your name: MART E. SOUTHWORTH

Your signature: 