

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 3/5/96

Docket No. 960291-TC

1. Division Name/Staff Name Communications/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 4170
by Moore Medical Corp.

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)

Moore Medical Corp. _____

2. Interested Persons and their representatives (if any)

6. Check one:

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

TF371

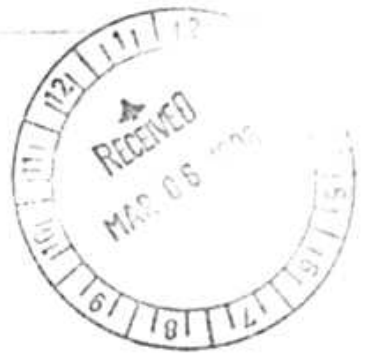
Cert.#4170



8100-4 WESTSIDE INDUSTRIAL DRIVE • JACKSONVILLE, FL 32218-3237 • (904) 695-9782

96 MAR -5 PM 1:06
 FLORIDA
 PUBLIC SERVICE COMM.
 DIV. OF ADMINISTRATION
 GAITHERSBURG

February 29, 1996



Lori Franklin
 PUBLIC SERVICE COMMISSION
 State of Florida
 Capital Circle Office Center
 2540 Shumard Oak Blvd.
 Tallahassee, FL 32399

RE: TF371 Moore Medical Corp. Certificate

Dear Mrs. Franklin:

At your direction, please accept this letter as our request for cancellation of the above-captioned Certificate.

If any additional information is required, please contact the undersigned

Sincerely,

L. Tyke Robertson
 Senior Operations Manager

LYA