



ORIGINAL
FILE COPY

Coin-Tel, Inc.

"The Most Dependable Name in Pay Phones"

December 31 1996

State of Florida
Public Service Commission
Division of Records and Reporting
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

970024-TC

RE: Oakridge Crossing Shopping Center (407) 363-9792

Enclosed please find a request to block incoming calls for the above referenced location I would like for you to put it on the docket. Should you have any questions or need further information, please feel free to contact me at 1-813-886-3007. Thank you for your time and consideration.

Sincerely,

COIN-TEL, INC.

Yolanda Smith
Yolanda Smith

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____



5122 West Knox Street • Tampa, Florida 33634
(813) 886-3007 • Fax (813) 889-8456

DOCUMENT NUMBER-DATE

00098 JAN-65

FPSC-RECORDS/REPORTING

Crossing

FLORIDA PUBLIC SERVICE COMMISSION

REQUEST TO BLOCK INCOMING CALLS

PAY TELEPHONE NUMBER: 407-363-9792

PHYSICAL LOCATION OF PAY TELEPHONE (ADDRESS): 4015 W. Oakridge Road
Orlando, FL 32809

To deter criminal activity facilitated by individuals receiving incoming calls at the pay telephone listed above, I request that I be granted a 12 month exemption from the requirement that incoming calls be received at the pay telephone location (Rule 25-24.515(8) or 25-4.076(6), F.A.C., as appropriate). I agree to provide central office based intercept at no charge to the end-user and to prominently display a written notice directly above or below the telephone number which states: "Incoming calls blocked at request of law enforcement." I understand that, if granted, this exemption will only be in effect for 12 months. If any party wishes for the exemption to continue longer than 12 months, slide 2 of this form must be completed and returned to the Commission staff prior to the end of the 12 month period.

I, the undersigned owner or officer of the pay telephone company named below, 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.

SIGNATURE OF OWNER/OFFICER OF PAY TELEPHONE COMPANY: M.R. Albanese DATE 12/31/96

NAME AND TITLE (PRINT OR TYPE): Michael R. Albanese

NAME OF PAY TELEPHONE COMPANY: Coin-Tel, Inc

MAILING ADDRESS: 5122 West Knox St., Tampa, FL 33634

I, the undersigned owner of the above-referenced pay telephone location, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at the pay telephone will eliminate or help control that activity and attest to this fact by my signature below. 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.

SIGNATURE OF LOCATION OWNER: Christerville DATE 12/1/96

NAME OF PAY TELEPHONE LOCATION OWNER (PRINT OR TYPE): PDG Management, Inc.

MAILING ADDRESS: 1711-A South 10th Street, Safety Harbor, FL 34695

I, the undersigned Chief of the law enforcement agency of the jurisdiction in which the above-referenced pay telephone is located, declare that to the best of my knowledge and belief, criminal activity is associated with and facilitated by incoming calls being received at the pay telephone number and location referenced above. It is my belief that allowing incoming calls to be blocked at this pay telephone will eliminate or help control that activity and attest to this fact by my signature below. 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.

SIGNATURE OF CHIEF OF RESPONSIBLE LAW ENFORCEMENT AGENCY: [Signature] DATE 12/6/96

NAME AND TITLE (PRINT OR TYPE): KEVIN BEARY, Sheriff

NAME OF LAW ENFORCEMENT AGENCY: Orange County Sheriff's Office

MAILING ADDRESS: Post Office Box 1440, Orlando, FL 32802-1440

970063-TC

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
Estimated Return

TF743 P173 998 428
Gerald Edward Orth
8090 3rd Street
Navarre, FL 32566

PERIOD COVERED:
01/01/1997 TO 02/12/1997

DEPOSIT DATE
D 6 7 5 DEC 19 1997

FOR PSC USE ONLY
Check# 1429
\$ 50.00 0603002
003001
\$ P 0603002
004011
\$ 1
Postmark Date 12/18/97
Initials of Preparer RP

Please Complete Below If Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$
2.	Gross Intrastate Revenue	
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	()
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	97 DEC 18 11 10 20 MAIL ROOM
5.	Regulatory Assessment Fee Due (Multiply Line 4 by 0.0015)	
6.	Penalty for Late Payment	
7.	Interest for Late Payment	
8.	TOTAL AMOUNT DUE	\$

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

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be 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.

(Signature of Company Official) (Date)
(Please Print Name) Telephone Number DATE
F.E.I. No. 00098 JAN-5 88

Brenda Hawkins

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Pay Telephone Service Provider)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, AND
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, if July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee may be filed or postmarked on the next business day, without penalty.

2. **FEES:** Each company shall pay 0.0015 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts other than the amount on Line 3.
3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 6). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 7). **A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.**

When a company fails to file a Regulatory Assessment Fee Return, the Commission may order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted an extension up to 30 days. A request should be made by filing the enclosed *Request for Extension to File Regulatory Assessment Fee Return* form (PSC/ADM: 124), two weeks prior to the filing date. If an extension is granted, a charge shall be added to the amount due:

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period. An automatic 30-day extension to file an actual return may be obtained by checking the "Estimated Return" space in the top left-hand corner on the reverse side.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your records, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. If you are unable to use the envelope, please address your remittance as follows:

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional information or assistance in preparing your Regulatory Assessment Fee Return, please contact the Division of Auditing and Financial Analysis at (904) 413-6480.

For assistance with Item 9, please contact the Division of Communications at (904) 413-6556.

Both divisions may be contacted at the above-referenced address, directing correspondence to the attention of the division.

RECEIVED

DEC 19 1997