

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 2/3/97

Docket No. 970140-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. DPR \_\_\_\_\_

3. DCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 4318  
by Mack M. Vines (TF482)

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)

Mack M. Vines

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

182  
58.00  
1/27/97  
PR  
03 1-31-97

D451 JAN 31 '97

DATE: January 24, 1997

MS. BRENDA H. HAWKINS  
FLORIDA PUBLIC SERVICE COMMISSION  
DIVISION OF COMMUNICATIONS, ROOM 280-D  
2510 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

DEAR MS. HAWKINS:

I WISH TO CANCEL MY PAY TELEPHONE CERTIFICATE. I AM NOT PROVIDING PAY TELEPHONE SERVICE AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF REGULATORY ASSESSMENT FEES UNTIL THE DATE THE CERTIFICATE IS CANCELLED BY THE FLORIDA PUBLIC SERVICE COMMISSION.

NAME OF COMPANY: Mack Vines

PRINT NAME: Mack M. Vines

SIGNATURE: *Mack M. Vines*

COMPANY CODE: TF482

