

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date March 20, 1997

Docket No. 970355-70

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. CPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4555 by Timothy D. Stutzman (TF621)

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)

Timothy D. Stutzman

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.

This gentle
man paid
RAFs for
1997, also!

TIMOTHY STUTZMAN
10514 MCINTOSH RD.
THONOTOSAEEA, FL. 33592
(813) 986-7904

PUBLIC SERVICE COMMISSION,

AS PER OUR PHONE CONVERSATION OF 3/7/97 I AM ENCLOSEING A
WRITTEN REQUEST TO CANCEL MY CERTIFICATE TO OPERATE PAY
TELEPHONE SERVICE IN THE STATE OF FLORIDA (# TF621).
ENCLOSED IS \$106⁰⁰ FOR THE REGULATORY ASSESSMENT FEE.

Paid for	Per → 96	56.00
	→ 97	50.00

SINCERELY

TIMOTHY D. STUTZMAN



RECEIVED
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MAIL ROOM
PUBLIC SERVICE COMMISSION