

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date **May 9, 1997**

Docket No. **970568-70**

1. Division Name/Staff Name **COMMUNICATIONS/Hawkins**

2. **OP**

3. **OP**

4. Suggested Docket Title **Request for cancellation of
Pay Telephone Certificate No. 5091
for YARON RONI LEVY
(TF989)**

5. Suggested Docket Billing 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)

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

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

DEPOSIT

DATE

D502

APR 15 1997

Dear Brenda Perkins,

Per our phone conversation, please
cancel my pay phone certificate since
I won't be using it.

Thank you,

Sari and Roni

SARI AND RONI LEVY
160 Torchwood Ave.
PLANTATION, FL 33324

F 989

5000
4/15/97
133

DEPOSIT DATE

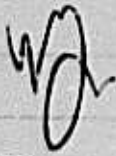
D502 APR 15 1997

Dear Brenda Notkins,



4/9/97

Per our phone conversation, please
cancel my pay phone certificate since
I won't be using it.

Thank you,

Yaron Roni 

SARI AND RONI LEVY
160 Torchwood Ave.
PLANTATION, FL 33324

YARON RONI LEVY OR SARI LEVY		509
16 PLANTATION, FL 33324-2302		4/9/97
Pay to the order of	Public Service Commission	\$500
Fifty + 00/100		Dollars
 000-030 200 S. Pine Island Road Plantation, Florida 33324		
For _____		