

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 6/17/97 1997

Docket No. 9702335-7C

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR \_\_\_\_\_

3. OCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4960 by Verlon E. Samuel

5. Suggested Docket Mailing List (attach separate sheet if necessary)

(TF861)

- 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)

Verlon E. Samuel

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst  
FLORIDA PUBLIC SERVICE COMMISSION  
Division of Communications  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850



DEPOSIT DATE  
MAY 21 1997

NAME: VERLON E. SAMUEL  
NAME OF COMPANY: VERLON E. SAMUEL SERVICES  
ADDRESS: 8635 Fowler Avenue  
CITY/STATE/ZIP: Pensacola, Florida 32534  
PHONE # W/AREA CODE: 904 494 3132  
CERTIFICATE #: 4960 COMPANY CODE: TF861

(Answer "YES" to one of the following statements below.)

- (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.
- (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it 5-15-97

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because Sold all Payphones

SIGNATURE: [Signature] DATE: 5-15-97

RECEIVED  
MAY 9 AM 8  
MAIL ROOM  
SERVICES COMMISSION