

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 6/25/97

Docket No. 97074-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

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

3. UCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4334 by Joe Glenn Leewright, Jr.

(TF747)

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)

Joe Glenn Leewright Jr  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

NAME: Joe Glenn Leewright Jr

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: 7805 Bridgestone Terrace

CITY/STATE/ZIP: Jacksonville, FL 32216-1434

PHONE # W/AREA CODE: \_\_\_\_\_

CERTIFICATE #: 4884 COMPANY CODE: TF747

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

YES (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date. (PAID 6/10/97.)

\_\_\_\_\_ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it \_\_\_\_\_

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I am no longer  
in business. effective 12-6-96

SIGNATURE: Joe Glenn Leewright Jr DATE: 6-24-97