

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 8/28/97

Docket No. 971145-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

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

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

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 4662  
by William L. Harkrader

(TF724)

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)

William L. Harkrader

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

3458  
50.00  
8/25/97  
17

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 Spauld, Oak Boulevard  
Tallahassee, FL 32399-0850

DEPOSIT

DATE

D 6 0 1

AUG 27 1997

NAME: William Lindsey Hester

NAME OF COMPANY: C.T. Communications

ADDRESS: 450 N.E. 121 St

CITY/STATE/ZIP: Discove Park FL 33161

PHONE # W/AREA CODE: 305 842-0468

CERTIFICATE #: 4662 COMPANY CODE: **TF724**

(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 \_\_\_\_\_

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I had to close business before I even started operating

SIGNATURE: [Signature] DATE: 8-26-97