

Case Assignment and Scheduling Record

Section 1 - Division of Records and Reporting (RAR) Completes

Docket No. 970295-TC Date Docketed: 03/10/1997 Title: Application for certificate to provide pay telephone service by Global Paycom, Inc.
 Company: Global Paycom, Inc.

Official Filing Date: _____
 Last Day to Suspend: _____ Expiration: _____

Referred to: _____
 ("(") indicates OPR)

ADM AFA AFP CAI (CMI) EAU GCL LEG RAR RRR WAW

Section 2 - OPR Completes and returns to RAR in 10 workdays.

Time Schedule

Program/Module: RT(a)

Staff Assignments

OPR Staff B Hawkins

Staff Counsel K Pena

OCRs () _____

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Recommended assignments for hearing and/or deciding this case:

Full Commission Commission Panel _____
 Hearing Examiner _____ Staff _____

Date filed with RAR: 03/12/1997

Initials: OPR _____
 Staff Counsel _____

WARNING: THIS SCHEDULE IS AN INTERNAL PLANNING DOCUMENT. IT IS TENTATIVE AND SUBJECT TO REVISION. FOR UPDATES CONTACT THE RECORDS SECTION: (904) 415-6770
 Current CASR revision level

0

	<u>Due Dates</u>	
	Previous	Current
1. Staff Recommendation	NONE	03/20/1997
2. Agenda - Regular	NONE	04/01/1997
3. PAA Order - Automatic Closing	NONE	04/21/1997
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Section 3 - Chairman Completes

Assignments are as follows:

- Hearing Officer(s)

Commissioners						Hrg. Exam.	Staff
ALL	CL	DS	GR	JN	KS		
X							

Prehearing Officer

Commissioners					ADM
CL	DS	GR	JN	KS	
					X

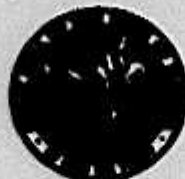
Where panels are assigned the senior Commissioner is Panel Chairman; the identical panel decides the case.
 Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Approved: _____
 Date: 03/12/1997

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Commissioners

JULIA L. JOHNSON, CHAIRMAN
SUSAN F. CLARK
J. TERRY DEASON
JOE GARCIA
DIANE K. KIMLING



DIVISION OF RECORDS &
REPORTING
BLANCA S. BAYO
DIRECTOR
(904) 413-6770

Public Service Commission

March 11, 1997

William Hayes
Global Paycom, Inc.
2189 Cleveland Street, Suite 263
Clearwater, Florida 34625

Re: Docket No. 970295-TC

Dear Mr. Hayes:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Global Paycom, Inc., which was filed in this office on March 10, 1997 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (904) 413-6078 or FAX (904) 413-6079.

Please make note as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting
Florida Public Service Commission

TG041

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 315.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 1A-04.020, Florida Administrative Code, and Section 315.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: GLOBAL PAYCOM, INC. EIN or SS No. 99-3419623

Address: 2189 Cleveland Street Neighborhood: 5008 WEST LINDBRUGH AVE, STE 56
Suite 263, Clearwater, FL 34625-3242 Tampa FL 33624

Amount: \$100.00 Date Paid _____

Reason for Claim: Duplicate Application fees were paid, therefore, a refund of \$100.00 is due to the company.

CERTIFIED TRUE AND CORRECT this 11 day of NOV, 1997

Signature [Signature]

*Must be completed if authority is other than Section 315.26, Florida Statutes.
(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ _____

The amount requested above was originally deposited in the State treasury as a part of the funds deposited on State Treasurer's Receipt No. _____ dated _____

NAME OF ACCOUNT: _____

BANK ACCOUNT CODE
[Grid of boxes for bank account code]

Statutory Authority for Collection: _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

BANK ACCOUNT CODE
[Grid of boxes for bank account code]

CERTIFIED TRUE AND CORRECT this 31 day of November, 1997

[Signature]
Agency

[Signature]
Signature of Authorized Person

[Signature]
Title

RECEIVED

NOV 20 1997

See attached note.

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From: Kay Flynn CONFIRMED
To: Don Strickland
Subject: 970295-TC

-----NOTE-----11/21/97--4:51pm--
CC: Evelyn Sewell, Ruth Nettles

Please pull this closed docket back from Archives for me. The applicant may have paid two filing fees. CMS doesn't indicate this, but there may be something in the file that would verify receipt of two \$100 checks. Evelyn is holding a refund request form pending further word from us. Thanks. Kay

970295
5/13/97
11/21/97

11/25/97 - Spoke with Mr. Denaerd and advised we did not have \$100 to refund! (\$150 check was returned to him and \$100 check was then submitted, but we have no record of any other fee submitted from Mr. Denaerd.) He was satisfied with my explanation and thanked me for the phone call.
Kay Flynn

Denaerd 813-908-2177