REQUEST TO ESTABLISH DOCKET (PLEME TYPE)

(PLEAGE TYPE)
(PLEASE TYPE) Date
1. Division Name/Staff Name Communications/Islar
2. CPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title <u>Cancellation by Florida Public Service Commission of Pay Telephone Certificate</u>
Number 4146 Issued to Blackstone Communications Company for Violation of Rules 25-4.0161, F.A.C., Resulatory
Assessment Fees: Telecommunications Communies
5. Suggested Ducket Heiling List (attach separate sheet if necessary)
A. Provide NAMES CHLY for regulated companies or ACRONYMS CHLY regulated industries, as shown in Rule 25-22.104, F.A.C.
B. Provide COMPLETE name and address for all others. (<u>Metch representatives to clients.</u>)
1. Parties and their representatives (if any)
Eduardo Centera
2. Interested Persons and their representatives (if any)
6. Check one:
XX Documentation is attached.
Documentation will be provided with recommendation.
I;\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
SEP 15 #

FPSG-RECORDS/REPORTING

State of Florida



Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: August 17th, 1998

TO:

Paula Isler

FROM: Jackie Knight

RE:

RAF non payments - Eleventh set of 10

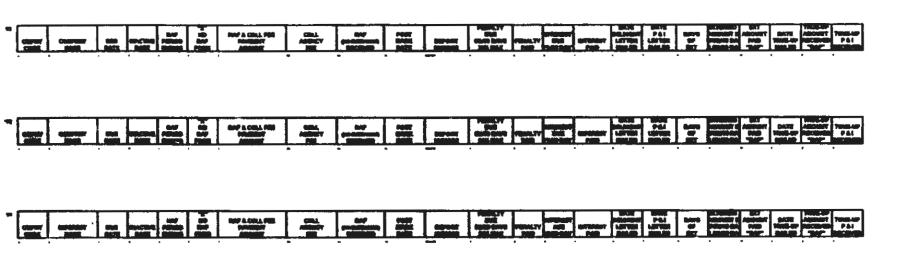
Paula, attached are ten communication companies (eleventh set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of August is \$4.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

- 1 TF291
- 2 **TF293**
- 3 TF313
- 4 TF314 - Concesso 3-21.93
- 5 TF330
- **TF340** 6
- 7 TF341
- 8 **TF342**
- 9 TF343 - canceles (15 48
- 10 **TF348**

Should you have any questions, please let me know.

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SENCY : •Complete home 1 engine 2 for additional services. •Complete flores 3, 4s, and 4s. •Pitel your name and address on the reverse of this form	I also wish to receive the following services (for an extra fee):
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different.	Consult postmester for lee.
3. Article Addressed to:	4a. Article Number
TF348	4b. Service Type Registered Certified Express Mell Insured Return Receipt for Merchandes COD 7. Date of Delivery \(\) \(\) \(\) \(\) \(\)
8. Received By: (Print Name)	8. Addresser's Address (Cinty If requested and fee is paid)
8. Signature: (Addresses or Agent)	
P8 Form 3811, December 1994	100566-97-8-0179 Domestic Return Receipt