

REQUEST TO ESTABLISH DOCKET
(Please Type)

Date	January 27, 2003	Docket No.	030082-TC																								
1. Division Name/Staff Name:	Competitive Markets & Enforcement/HAWKINS																										
2. OPR:	HAWKINS																										
3. OCR:																											
4. Suggested Docket Title:	Request for cancellation of Pay Telephone Certificate No. 7870 by Dan Polk and Tami Polk, effective 12/31/02.																										
5. Suggested Docket Mailing List (attach separate sheet if necessary) A. Provide NAMES OR ACRONYMS ONLY if a regulated company. B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.) 1. Parties and their representatives (if any): <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 2. Interested persons and their representatives (if any): <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																											
6. Check one: <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Yes</div><div>Documentation is attached.</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/></div><div>Documentation will be provided with recommendation.</div></div>																											

BHH
1/24/03

COMPANY NAME: Dan Polk and Tami Polk CO. CODE: TG817

COMPANY LIAISON: Same, Co-Owners

DOCKET NO.: _____ CERTIFICATE NO.: 7870 EFFECTIVE: 07/23/01

RAF RETURN NOTICE: _____

DELINQUENT NOTICE: _____

OTHER RETURNED MAIL: _____

CCA'S RETURNED MAIL: _____

YEAR(s) RAFs NOT PAID: 2002

YEAR(s) PENALTIES & INTEREST NOT PAID: _____

REVENUES/YEAR: _____

DATE LOTUS CHECKED FOR PAYMENT: _____

OTHER INFORMATION

01/07/03 - CCA provided me a copy of the company's 2002 RAF form with the

note: "Company closed."

01/08/03 - Wrote company. Returned the RAF form and advised company to

pay the 2002 RAF. Follow up 01/30/03

1/16/03 - v/m msg. @ 10:51 am fr. TP. sd.

bs. is closed & got my letter but

does not know what to do.

386-409-7727

1/16/03 - Called TP @ 1:57 pm & left v/m
msg.

1/17/03 - TP called @ 9:30 am. Sd. she would
send \$50 ck. for 2002 RAF & write
a note requesting cancellation.

1/23/03 - Hom Co. - Paym. of 2002 RAF and
req. for cancellation.

1/24/03 - Forwarded to J. Gilchrist for handling.
Voluntary Cancellation, Eff. 12/31/02.

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:
 01/01/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG817-02-0-R
 Dan Polk and Tami Polk
 1511 Tatum Blvd.
 New Smyrna Beach, FL 32168-9555

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603002
 \$ _____ 003001
 \$ _____ P 0603002
 \$ _____ 004011
 Postmark Date 12/17/02
 Initials of Preparer JIC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
 NO.

ACCOUNT CLASSIFICATION

1. Gross Operating Revenue (Florida)
2. Gross Intrastate Revenue
3. LESS: Amounts Paid to Other Telecommunications Companies*
 (see "2. Fees" on back)
4. **TOTAL REVENUES for Regulatory Assessment Fee Calculation**
 (Line 2 less Line 3)
5. Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)
6. Penalty for Late Payment (see "3. Failure to File by Due Date" on back)
7. Interest for Late Payment (see "3. Failure to File by Due Date" on back)
8. **TOTAL AMOUNT DUE**

COMPETITIVE SERVICES
 2001 JAN 23
 AMOUNT
 - 0
 11-18-02
 ()

\$ _____

Due By Jan 30
 12-31-02
 \$ 50.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered
 by this Return

Please cancel my Certificate.
 COMPANY: CLOSED Tami Polk

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (561) 409 7127

Fax Number ()

FBI No _____

C. Paula Isler

1-800-666-6666

ORDER OF

NEW VINYL & NEW BEACH

MEMO

100

100

100

A

© ARTISTIC CHECKS, INC., 2002

1-800-224-7621

WWW.ARTISTCHECKS.COM

DIXIE KNOTT'S AMERICANA

COHANE KNOTT VIA PORTERFIELD'S ART LICENCING

195

STATE OF FLORIDA

COMMISSIONERS:
LILA A. JABER, CHAIRMAN
J. TERRY DEASON
BRAULIO L. BAEZ
RUDOLPH "RUDY" BRADLEY
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

January 8, 2003

Ms. Tami Polk, Co-owner
Dan Polk and Tami Polk (TG817)
1511 Tatum Blvd.
New Smyrna Beach, FL 32168-9555

Dear Ms. Polk:

The Commission received the 2002 Regulatory Assessment Fee return form with what appears to be a request for cancellation. A note on the form states "Company closed." A copy of the form is enclosed.

There are two kinds of cancellations. The first is voluntary, which is normally granted if the company is in good standing with the Commission and does not have a past due balance of the Regulatory Assessment Fee, including statutory penalty and interest charges. The other is involuntary. If a company is not in good standing and has an outstanding balance of the Regulatory Assessment Fee, the Commission normally cancels the certificate on its own motion for a rule violation. It should be noted that any balance owed is forwarded to the Comptroller's Office for collection.

The Regulatory Assessment Fee, which is .0015% of a company's intrastate revenues, or \$50.00, whichever is greater, is assessed if a certificate is active for any one day during a calendar year. The Regulatory Assessment Fee is due by January 30 of each year, unless the 30th falls on a weekend, then the fee is due by the next working day, for the previous year. If payment for the Regulatory Assessment Fee is mailed after the due date, then statutory penalty and interest charges are applicable.

If the Commission receives payment of the fee by January 30, 2003, a docket will be established and the effective date of the cancellation will be December 31, 2002, so that you will not owe the 2003 Regulatory Assessment Fee.

Please respond in writing by January 30, 2003. In the meantime, if you have any questions, just let me know. I can be reached at (850) 413-6502-voice, (850) 413-6503-fax, by internet e-mail at pisler@psc.state.fl.us, or at the address below.

Ms. Tami Polk, Co-owner

Page 2

January 8, 2003

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler". The signature is fluid and elegant, with the first letters of each name being capitalized and prominent.

Paula J. Isler, Research Assistant
Bureau of Service Quality

Enclosure

Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

☒ Actual Return
☐ Estimated Return
☐ Amended Return

PERIOD COVERED:

01/01/2002 TO 12/31/2002

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TG817-02-0-R
 Dan Polk and Tami Polk
 1511 Tatum Blvd.
 New Smyrna Beach, FL 32168-9555

cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY

Check# _____
 \$ _____ 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____
 Postmark Date 12/17/02
 Initials of Preparer JIC

(Name of Company)

(Address)

(City/State)

(Zip)

LINE
NO.

ACCOUNT CLASSIFICATION

AMOUNT

1.	Gross Operating Revenue (Florida)	\$ <u>-0-</u>
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	(_____)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	TOTAL AMOUNT DUE	\$ _____

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered
by this Return (0)

* These amounts must be intrastate only and must be verifiable.

COMMITTEE (CLOSED)

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official)

(Title)

(Date)

(Preparer of Form - Please Print Name)

Telephone Number (386) 409 1127 Fax Number ()

F.E.I. No. _____

C. Paula Isler