

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date:	8/18/2005	Docket No.:	050556-TX
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1. Division Name/Staff Name:	Cmp/K.Curry
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2. OPR:	K.Curry
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3. OCR:	
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4. Suggested Docket Title:	Compliance investigation of America's Wireless Choice, Inc. for apparent violation of Rule 25-22.032(6)(b), F.A.C., Customer Complaints.
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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):

America's Wireless Choice, Inc. (TX712)	

2. Interested persons and their representatives (if any):

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

08011 AUG 18 03

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
RUDOLPH "RUDY" BRADLEY
LISA POLAK EDGAR

STATE OF FLORIDA



DIVISION OF COMPETITIVE MARKETS &
ENFORCEMENT
BETH W. SALAK
DIRECTOR
(850) 413-6600

Public Service Commission

June 30, 2005

Certified 7004 1160 0004 5749 6909

Ms. Lisanne Poldvee
America's Wireless Choice, Inc.
P.O. Box 830879
Ocala, FL 34483-0879

Re: Customer complaints and company contact information

Dear Ms. Poldvee:

The Commission has received four complaints from Florida residents claiming that their local exchange telecommunications services were discontinued by America's Wireless Choice, Inc. (AWC). They each claim that payments, in amounts ranging from \$40 to \$90, were made immediately prior to the date AWC discontinued service. Each customer is seeking a refund because AWC has failed to provide the services for which payment was made. Copies of the complaint files are attached.

Based on recent news articles and an inquiry received from an agent that represents AWC, staff understands that AWC may no longer be in business. It appears that AWC has discontinued services to all its customers. Please be aware that Rule 25-4.118(18), Florida Administrative Code, requires that a company credit customers for services billed, but not provided. Therefore, AWC should refund every customer, in addition to the four customers that have filed complaints, that paid in advance for services that were not provided.

In addition, Rule 25-24.480(2), Florida Administrative Code, Records and Reports, incorporated by Rule 25-24.835, Florida Administrative Code, requires any address and telephone number, or corporate officer name change, to be filed with the Division of Competitive Markets and Enforcement, and the Division of the Commission Clerk and Administrative Services within 10 days after such change occurs. Staff has attempted to reach you by telephone, but the number has been disconnected.

To resolve these issues, AWC should submit a written response that identifies, by name, address, and telephone number, each customer that is owed a refund, the amount of the refund, and confirmation that the refund has been made. Plus, AWC should complete the enclosed form to update its records with the Commission.

Ms Lisanne Foidvee

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June 30, 2005

Please submit, in writing to me, the requested information no later than July 14, 2005. Failure to provide the requested information may result in penalties against AWC as prescribed by Section 364.285, Florida Statutes, Penalties, which provides in part:

The commission shall have the power to impose upon any entity subject to its jurisdiction under this chapter which is found to have refused to comply with or to have willfully violated any lawful rule or order of the commission or any provision of this chapter a penalty for each offense of not more than \$25,000, which penalty shall be fixed, imposed, and collected by the commission; or the commission may, for any such violation, amend, suspend, or revoke any certificate issued by it. Each day that such refusal or violation continues constitutes a separate offense. Each penalty shall be a lien upon the real and personal property of the entity, enforceable by the commission as a statutory lien under chapter 85. Collected penalties shall be deposited in the General Revenue Fund unallocated.

If you have any questions, please contact me at (850) 413-6576 or e-mail me at ehowell@psc.state.fl.us.

Sincerely,



Elton Howell, Engineer
Bureau of Service Quality

Enclosure
File: TX712
TMS 1954

*****-COMM, JOURNAL- ***** DATE JUN-28-2005 ***** TIME 15:35 *****

MODE = MEMORY TRANSMISSION START=JUN-28 15:35 END=JUN-28 15:35

FILE NO.=184

STN NO. COMM. ABBR NO. STATION NAME/TEL NO. PAGES DURATION

001 OK a 13526870024 001/001 00:00:15

-FL PUBLIC SER. COMMISSION-

*****-FL PUB SER COM - ***** - 850 413 7254- *****

Comments: FROM (A): Do not change the content of the form. If you have suggested revisions, please enter them in the "Comments" section with your name. All updates are posted to S:\PSC\BARRAVV\PM\OIR-Del-ecopy. For "Access 20" and can be accessed through the "OIR" tab.

STATE OF FLORIDA



PUBLIC SERVICE COMMISSION

2540 Shumard Oak Boulevard
CAPITAL CIRCLE OFFICE CENTER
TALLAHASSEE, FLORIDA 32399-0850

FACSIMILE TRANSMITTAL COVER SHEET

DATE: June 28, 2005 TIME SUBMITTED: :.m.

TO: Judy Walsh TITLE: USPS POBOX Super

OFFICE/BUSINESS: USPS

TELEPHONE NO: (352) 687-0463 FAX NO: (352) 687-0024

FROM: Elton Howell, Engineer

OFFICE/DIVISION: Bureau of Service Quality

TELEPHONE NO: (850) 413-6576 FAX NO: (850) 413-6577

COMMENTS: Per our telephone conversation, I am requesting any forwarding

address(es) you may have for America's Wireless Choice, Inc. at P.O. BOX 830879. This

company also had a store front business address as 4421 N.W. Blitchton Road, #233,

Ocala, FL 34483-0879. You may reach me at the above listed tel# and FAX # or e-mail

me at ehowell@psc.state.fl.us. Thanks again. Elton Howell

Elton Howell

NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 1

FAX COVER

TO: Elton Howell
FAX: (850) 413-6572
PHONE: (850) 413-6576

FROM: MARICAMP BRANCH POST OFFICE
6530 SE MARICAMP ROAD
OCALA, FLORIDA 34483-9998

NAME: Judy Welsh - Box Clerk

FAX: (352) 687-0024
PHONE: (352) 687-0463
DATE: 6/28/05

REF: P.O. Box 830879 - American Wireless Choice, Inc.

PAGES INCLUDING THIS COVER PAGE: 2

NOTES: Re: your fax and our phone conversation:
There is no change of address on file.
Mail is delivered as addressed. The business
address on NW Blythe Rd. is serviced out of our
main Post office - fax to ^{Delivery} supervisor (352) 629-1453

Application for Post Office Box or Caller Service - Part 1

W

Customer: Complete items 1, 3-6, 14-16, and 18-19

1. Name(s) to which box number(s) is (are) assigned

America's Wireless Choice Inc

3. Name of person applying, title (if representing an organization), and name of organization (if different from item 1)

Lisanne Polduee

4a. Will this box be used for:

Personal Use

Business Use

(Optional)

4b. Email Address (Optional)

5. Address (Number, street, apt./ste. no., city, state, and ZIP Code).

When address changes, cross out address here and put new address on back.

4884 SE 33rd Ave Ocala FL 34480

6. Telephone number (Include area code)

(352) 357-9121

14. List name(s) and age(s) of minor, or names of other persons receiving mail in individual box. Other persons must present two forms of valid ID. If applicant is a firm, name each member receiving mail. Each member must have verifiable ID upon request. (Continue on reverse side).

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

15. Signature of applicant (Same as item 3) I agree to comply with all postal rules regarding post office box or caller service.

PS Form 1093, August 2001 (Page 1 of 2)

Use a separate form for each box number or consecutive group of numbers, and type of service. File part 1 alphabetically by customer's name.

Application for Post Office Box or Caller Service - Part 2 830 879

Special Orders

16. Postmaster: The following named persons or representatives of the organization listed below are authorized to accept mail addressed to this (these) post office box(es) or caller number(s). All names listed must have verifiable ID. (Continue on reverse side).

Lisanne Polduee

a. Name(s) of applicant(s) (Same as item 3)

America's Wireless Choice Inc

b. Name of box customer (Same as item 1)

Lisanne Polduee Phil Polduee

c. Other authorized representative

d. Other authorized representative

Customer note: The Postal Service may consider it valid evidence that a person is authorized to remove mail from the box if that person possesses a key or combination to the box.

18. Will this box be used for Express Mail reshipment? (Check one)

a. Yes

b. No

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties). (18 U.S.C. 1001)

19. Signature of applicant (Same as item 3) I agree to comply with all postal rules regarding post office box or caller service.

PS Form 1093, August 2001 (Page 2 of 2)

Use a separate form for each box number or consecutive group of numbers, and type of service. File part 2 by box or caller number.