

REQUEST TO ESTABLISH DOCKET

(Please Type)

Date: 4/10/2008 Docket No.: 080207

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR:

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 2358 by Telaleasing Enterprises, Inc., effective March 3, 2008.

RECEIVED-FPSC
APR 10 PM 2:32
COMMISSION
CLERK

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):

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

6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE
02783 APR 10 8
FPSC-COMMISSION CLERK

Mar 3, 2008

September 30, 2007

Re: Davel Communications, Inc.
PhoneTel Technologies, Inc.
Telaleasing Enterprises, Inc
Peoples Telephone Company, Inc.

Dear Taxing Authority:

Davel Communications, Inc. and/or its subsidiaries listed above (the "Company") previously operated payphones in various states throughout the U.S. On or before September 30, 2007, the Company sold its payphones and no longer operates in your taxing jurisdiction. Please eliminate the registration and/or remove the above company(s) from your tax roles and treat this filing as a "FINAL RETURN".

Thank you,

Donald Paliwoda

Donald Paliwoda
Chief Financial Officer

Please cancel our pay telephone certificate for Telaleasing Enterprises in Florida. Also, we do not currently have ~~the~~ the funds to pay the fees due and respectfully request a 12 month payment plan

*Thank you
Donald Paliwoda*

216-986-2945

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/2007 TO 12/31/2007

(See Filing Instructions on Back of Form)

TE119-07-0-R Telaleasing Enterprises, Inc. 200 Public Square, Suite 700 Cleveland, OH 44114 2301 6100 OAK TREE BLVD., STE 200 INDEPENDENCE, OH, 44131
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Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY			
Check # _____			
\$ _____		06-03-001	
		003001	
\$ _____	E		
\$ _____	P	06-03-001	
		004011	
\$ _____	I		
Postmark Date _____			
Initials of Preparer _____			

(Name of Company)	(Address)	(City/State)	(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>2,879,289</u>
2.	Gross Intrastate Revenue	\$ <u>2,326,671</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>1,223,611</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>1,103,060</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>2,206.12</u>
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	<u>110.31</u>
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	<u>22.06</u>
8.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>2,338.49</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

<i>Donald Palwoods</i>	CFO	2/29/08
(Signature of Company Official)	(Title)	(Date)

	Telephone Number <u>216-986-2745</u>	Fax Number () _____
(Preparer of Form - Please Print Name)	F.E.I. No. <u>37-0862688</u>	

FINAL RETURN

TO AVOID PENALTY AND INTEREST CHARGES, THE REGULATORY ASSESSMENT FEE RETURN MUST BE FILED ON OR BEFORE 01/30/2009

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
 Estimated Return
 Amended Return

PERIOD COVERED:
 01/01/2008 TO 12/31/2008

TE119-08-0-R
 Telaleasing Enterprises, Inc.
~~200 Public Square, Suite 700~~
~~Cleveland, OH 44114 2301~~
 6100 OAK TREE BLVD., STE 200
 INDEPENDENCE, OH 44131

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY			
Check # _____			
\$ _____		06-03-001	
			003001
\$ _____	E		
\$ _____	P	06-03-001	
			004011
\$ _____	I		
Postmark Date _____			
Initials of Preparer _____			

(Name of Company)	(Address)	(City/State)	(Zip)
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LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ <u>00-</u>
2.	Gross Intrastate Revenue	<u>00-</u>
3.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾ (see "2. Fees" on back)	(<u>00-</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>00-</u>
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0020)	<u>00-</u>
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.	Extension Payment Fee (see "4. Extension" on back)	_____
9.	TOTAL AMOUNT DUE (MINIMUM \$100.00)	\$ <u>100.00</u> ⁽²⁾
10.	Number of pay telephones in operation at close of period covered by this Return	<u>0</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$100 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

<i>Donald Paluwoda</i>	CFD	2/29/08
(Signature of Company Official)	(Title)	(Date)

(Preparer of Form - Please Print Name) _____ Telephone Number 216 986-2745 Fax Number () _____
 F.E.I. No. 37-0862688



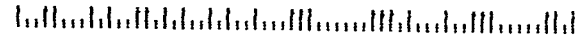
200 Public Square
Suite 700
Cleveland, Ohio 44114



Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Attn: Paula Isler

323990850 COOL



Paula Isler

From: Paula Isler
Sent: Friday, February 29, 2008 10:40 AM
To: 'DPaliwoda@davelcomm.com'
Subject: Telaleasing Enterprises, Inc. (TE119)
Attachments: RAF-TE119-07-0-R.pdf; RAF-TE119-08-0-R.pdf

Dear Mr. Paliwoda:

This is a follow up to our telephone conversation earlier in which you stated the company wishes to cancel its pay telephone certificate in Florida. Attached are the 2007 and 2008 Regulatory Assessment Fee return forms, which should be completed and returned with full payment, along with a letter requesting cancellation. The letter should state why the company wishes to cancel its certificate.

As information, a certificate remains active until a company requests cancellation. In addition, the Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year. In prior years, Telaleasing always paid more than the minimum. The Regulatory Assessment Fee is .0020 of a company's intrastate revenues. The 2007 return should be based on the company's intrastate revenues from January thru whatever date in September 2007 the company sold its payphones. If the 2007 payment is postmarked today, February 29, 2008, the penalty is 5% of the amount owed and the interest is 1% of the amount owed. If the 2007 payment is postmarked between March 1 and 30, 2008, the penalty increases to 10% of the amount owed and the interest is 2% of the amount owed. The penalty and interest charges continue to accrue until the fee is paid. If the company had no intrastate revenues in Florida in 2008, then the 2008 amount would just be the \$100 minimum.

Please let me know if you have any questions.

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
(850) 413-6502-Phone
(850) 413-6503-Fax
PIsler@psc.state.fl.us

Paula Isler

From: System Administrator
To: tmartin@davelcomm.com
Sent: Monday, February 25, 2008 10:33 AM
Subject: Undeliverable: Telaleasing Enterprises, Inc. (TE119)

Your message did not reach some or all of the intended recipients.

Subject: Telaleasing Enterprises, Inc. (TE119)
Sent: 2/25/2008 10:33 AM

The following recipient(s) could not be reached:

tmartin@davelcomm.com on 2/25/2008 10:33 AM

There was a SMTP communication problem with the recipient's email server. Please contact your system administrator.
<mail.psc.state.fl.us #5.5.0 smtp;550 User does not exist>

Paula Isler

From: Paula Isler
Sent: Monday, February 25, 2008 10:33 AM
To: 'tmartin@davelcomm.com'
Cc: 'dpaliwoda@davelcomm.com'
Subject: Telaleasing Enterprises, Inc. (TE119)

TO: Tammy Martin, Corporate Counsel

Dear Ms. Martin:

The Regulatory Assessment Fee is applicable if a certificate is active for any day during a calendar year whether a certificate holder had any revenues or ever started operations. The fee must be postmarked by January 30th to avoid late payment charges. Our records show the 2007 fee, including late payment charges, has not been received. The fee is .0020 of a certificate holder's intrastate revenues, or the minimum \$100, whichever is greater.

If you owe the minimum and if payment is postmarked by February 29, the amount due is \$106 (\$100 minimum fee, \$5 penalty, \$1 interest). If you owe the minimum and if payment is postmarked between March 1 and March 30, the amount due is \$112 (\$100 minimum fee, \$10 penalty, \$2 interest). As information, the late payment charges continue to accrue until the fee is paid.

Delinquent notices have now been mailed and if a certificate holder does not comply with the notice within 15 days, certificate holders will automatically be fined \$500 for a first offense, \$1,000 for a second offense, and \$2,000 for a third offense. If Telaleasing does not comply, staff would recommend its certificate be cancelled since the company has had multiple dockets for the same rule violation.

If you wish to cancel your pay telephone certificate, please write the Commission a letter requesting cancellation. If you want a voluntary cancellation, please include payment of the 2007 and 2008 Regulatory Assessment Fees, including any applicable late payment charges. If full payment is not included, the Commission would still cancel the certificate, it would just be cancelled on the Commission's own motion and any unpaid fees would be turned over to collections.

Please let me know if you have any questions or need a copy of the 2007 (and/or 2008) Regulatory Assessment Fee return form(s). Thanks.

Paula Isler
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850
(850) 413-6502-Phone
(850) 413-6503-Fax
PIsler@psc.state.fl.us

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TE119-07-0-D
Telaleasing Enterprises, Inc.
200 Public Square, Suite 700
Cleveland, OH 44114-2301

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *C. Kralley*

- Agent
 Addressee

B. Received by (Printed Name)

C. Kralley

Date of Delivery

3/3

D. Is delivery address different from item 1?

- Yes

If YES, enter delivery address below:

- No

3. Service Type

- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes

7006 2760 0003 8793 9032