

910663-TC

ORIGINAL  
FILE COPY

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC   /
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

Complete items 1 and 2 when additional services are desired, and complete items 3 through 7 when appropriate.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and restrictions for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address.      2.  Restricted Delivery (Extra charge)

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3. Article Addressed to:

**RON DICARA  
10230 ATLANTIC BLVD. # 21  
JACKSONVILLE, FL 32225**

4. Article Number  
**79071**

Type of Service:

Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
*[Signature]*

6. Signature - Agent  
*[Signature]*

7. Date of Delivery

JACKSONVILLE, FL SEP 5 1991

FD-3825 (Rev. 11, Apr. 1989)      DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE  
 08850 SEP-5 1991  
 FPSC-RECORDS/REPORTING

**RECEIVED**

AUG 30 1991

FPSC-RECORDS / REPORTING

August 29, 1991

Mr. Oscar Navarro  
9030 SW 125th Avenue Apt. F107  
Miami, FL 33186

Dear Mr. Navarro:

910663-TE

This is in response to your complaint of August 7, 1991  
against Comtel of Jacksonville.

I have been unable to get a response from Comtel regarding  
the problems you encountered. The commission has initiated  
formal action against Comtel of Jacksonville for violation of  
rules, including non-response to complaints. Your complaint is  
being added to the docket file for review by all parties.

If you have any future problem with which I can be of  
assistance, please let me know.

Sincerely,

Christine K. Eaken  
Division of Consumer Affairs

CKE:kt  
cc: John Adams, Legal  
Pam Austin, Communications  
Docket file

Name NAVARRO, OSCAR

Address 9030 SW 125TH AVE APT. F107

City MIAMI Zip 33186 County DADE

Account Number \_\_\_\_\_

Has consumer contacted company? Yes \_\_\_\_\_ No  \_\_\_\_\_ Who \_\_\_\_\_

1. Nature of Request 2. Report of Action

Customer reports that at the payphone on 5347 Highway 192 in Orlando did not list the number of the payphone, customer was unable to reach an AT&T operator and deposited \$2.50 to make a long distance call that did not go through and payphone would not return it. There is no repair number listed and no number for a refund.

Please investigate and repair station, provide a refund to customer and provide a report by due date below.

Company COMTEL OF JACKSONVILLE

Attn RON DICARA

Consumer's Telephone # (305)-270-8980

Can Be Reached \_\_\_\_\_

Request No. 62949P

By CKE Time 9:46 AM Date 08/06/91

To CO Time mail Date 08/07/91

Complaint Type ps-05

Note \_\_\_\_\_

Justification \_\_\_\_\_

Closed By \_\_\_\_\_ Date \_\_\_\_\_

Reply Received \_\_\_\_\_

## CONSUMER REQUEST

FLORIDA

PUBLIC

SERVICE

COMMISSION



101 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

PLEASE RETURN THIS FORM  
WITH REPORT OF ACTION TO:

Christine Eaken

BY: \_\_\_\_\_  
08/22/91



FLORIDA PUBLIC SERVICE COMMISSION - RECORDS AND REPORTING

Item Presented

Date 8/26/91  
 Number of Originals 5 Copies Per Original 40  
 Requested By J. Conway

Agenda For (Date) \_\_\_\_\_ Order No. 24975 In Docket No. 910663-TC  
 Notice of \_\_\_\_\_ For (Date) \_\_\_\_\_ In Docket No. \_\_\_\_\_  
 Other \_\_\_\_\_

Special Handling Instructions

Distribution/Mailing

Number	Distributed/Mailed To	Number	Distribution/Mailed To
<u>39</u>	<u>Commission Offices</u>	_____	_____
<u>01</u>	<u>Docket Mailing List</u>	_____	_____
<u>01</u>	<u>Certified 8/26/91</u>	_____	_____

Note: Items must be mailed and/or returned within one working day after issue unless specified here:

Print Shop Verification

Job Number 228 Verified By WS  
 Date and Time Completed 10:56:28 9/1 Job Checked For Correctness and Quality (Initial) \_\_\_\_\_

Mail Room Verification

Date Mailed 8/27/91 Verified By JG

State of Florida

Commissioners:  
THOMAS M. BEARD, CHAIRMAN  
SUSAN CLARK  
J. TERRY DEASON  
BETTY EASLEY  
MICHAEL WILSON



DIVISION OF CONSUMER AFFAIRS  
GEORGE HANNA,  
DIRECTOR  
(904) 488-7238  
TOLL FREE 1-800-342-3552

## Public Service Commission

August 26, 1991

**RECEIVED**  
AUG 26 1991

FPSC-RECORDS / REPORTING

Mr. Ernest Fitzgerald  
Florida Motel  
253 San Marco Avenue  
St. Augustine, FL 32084

Dear Mr. Fitzgerald:

This is in reference to your call to the Public Service Commission about the payphone at your premises owned by Comtel of Jacksonville. I hope the following information is helpful.

After our June 27 conversation, I filed a complaint against Comtel based on the information you gave me pertaining to customers being unable to get refunds for money lost in the phone. To date I have been unable to get Comtel to respond to the complaint.

The Commission has initiated formal action against Comtel for violation of PSC rules. By copy of this letter, I am advising the staff involved in the investigation of your situation. A copy of the complaint will also be added to the docket file.

Thank you for calling the Commission about this matter. If you have any questions, please let me know.

Sincerely,

*Melinda G. Pace*

Melinda Pace  
Consumer Affairs Analyst  
Division of Consumer Affairs

cc: P. Austin, Division of Communications  
J. Adams, Division of Legal Services  
Docket 910663

Name FLORIDA MOTEL

Company COMTEL OF JACKSONVILLE

Request No. 57765P

Address ERNEST FITZGERALD, OWNER

Attn. RON DICARA

By MGP Time 10:25 AM Date 06/27/91

253 SAN MARCO AVENUE

Consumer's Telephone # (904)-824-2348

To CO Time mail Date 06/28/91

City/Zip ST. AUGUSTINE 32084 County STJ

Can Be Reached \_\_\_\_\_

Complaint Type ps-05

Account Number \_\_\_\_\_

Note \_\_\_\_\_

Has consumer contacted company? Yes  No \_\_\_\_\_ Who \_\_\_\_\_

Justification Y

1. Nature of Request 2. Report of Action

Closed By MGP Date 08/26/91

Reply Received L

Customer advises that you own and operate the payphone at the above address. The phone number is 829-1461. Customers using the phone have been unable to get refunds when they lose money in the phone. He has called you several times, but is never able to speak to the person in charge of refunds. He is always told that someone will call him back, but the calls are never returned. Please contact customer and respond in writing to this office by the date shown below. He also advised that he has received no commission payments for this year.

7/3 Margaret advised that CMU has a show cause docket open against this company for not responding to previous complaints.

08-26 Attempted to reach company by phone. Number has been disconnected.

Closed by letter, informed customer of show cause proceedings.

cc: Pam Austin, CMU

## CONSUMER REQUEST

FLORIDA  
PUBLIC  
SERVICE  
COMMISSION



101 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399

PLEASE RETURN THIS FORM  
WITH REPORT OF ACTION TO:

Melinda Pace

BY: 07/15/91

Name FLORIDA MOTEL

Company COMTEL OF JACKSONVILLE

Request No. 57765P

Address \_\_\_\_\_

Attr. \_\_\_\_\_

By \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Consumer's Telephone # \_\_\_\_\_

To \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

City/Zip \_\_\_\_\_ County \_\_\_\_\_

Can Be Reached \_\_\_\_\_

Complaint Type \_\_\_\_\_

Account Number \_\_\_\_\_

Note \_\_\_\_\_

Has consumer contacted company? Yes \_\_\_\_\_ No \_\_\_\_\_ Who \_\_\_\_\_

Justification \_\_\_\_\_

1. Nature of Request 2. Report of Action

Closed By \_\_\_\_\_ Date \_\_\_\_\_

**John Adams, LEG**

Reply Received \_\_\_\_\_

**Docket 910663**

## CONSUMER REQUEST

**FLORIDA  
PUBLIC  
SERVICE  
COMMISSION**



**101 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399**

**PLEASE RETURN THIS FORM  
WITH REPORT OF ACTION TO:**

\_\_\_\_\_

**BY:** \_\_\_\_\_