

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/9/96

Docket No. 960160-TC

- 1. Division Name/Staff Name Communications/Hawkins
- 2. OPR _____
- 3. OOR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 3949 by Harold D. Schreiber

- 5. Suggested Docket Mailing List (attach separate sheet if necessary)
 - A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
 - B. Provide COMPLETE name and address for all others. (Hatch representatives to clients.)
 - 1. Parties and their representatives (if any)

Harold D. Schreiber

- 2. Interested Persons and their representatives (if any)
- _____

- _____

6. Check one: Documentation is attached.
 Documentation will be provided with the recommendation.



Date: 2-4-96

Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: COB COMMUNICATIONS

Print your name: HAROLD D. SCHREIBER

Your signature: Harold D. Schreiber