

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 3/4/96

Docket No. 960292-TC

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

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 3326 by EXECUTONE Information Systems, Inc.

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. (Match representatives to clients.)

1. Parties and their representatives (if any)

EXECUTONE Infor-
mation Systems, Inc.

2. Interested Persons and their representatives (if any)

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

Certificate # 3326
TE 799

EXECUTONE

Connecting People and Information Worldwide

February 26, 1996



State of Florida
Public Service Commission
Attn: Ms. Brenda Hawkins
2540 Shumard Oaks Boulevard, Gunter Building
Capital Circle Office Center
Tallahassee, FL 32399-0850

RE: Cancellation of Certificate of Public Convenience and Necessity

Dear Ms. Hawkins:

By this letter EXECUTONE Information Systems, Inc. formally requests that its Certificate of Public Convenience and Necessity to provide Inmate Calling Services to penal institutions in Florida be cancelled immediately. The certificate was issued on May 20, 1993, and a copy is attached. Please be advised that EXECUTONE is not providing the services contemplated by the Certificate at this time, and does not intend to provide these services in the foreseeable future.

Please direct confirmation that the Certificate has been cancelled to my attention.
Thank you.

Sincerely,
EXECUTONE Information Systems, Inc.

Jim Graham
Division Controller

Enclosure

State of Florida

Commissioners:

J. TERRY DEASON, CHAIRMAN
THOMAS M. BEARD
SUSAN F. CLARK
LUIS J. LAUREDO
JULIA L. JOHNSON



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(904) 488-1280

Public Service Commission

PROVIDER NAME : Executone Information Systems, Inc.
MAILING ADDRESS : 6 Thorndal Circle Darien, CT 06820
CERTIFICATE NUMBER: 3326
DATE MAILED : May 20, 1993

Dear Applicant:

Here is your certificate to provide Pay Telephone Service (PATS). Please complete the enclosed card and return it to us as soon as possible.

It is your obligation to inform this Commission within ten days if one or more of the following occurs:

- A. A change of address
- B. A change of telephone number
- C. A change of person for PSC contact
- D. A change in ownership
- E. No longer in business and wish to cancel your Certificate

Please keep this certificate in a safe place. In the event that you no longer desire to provide Pay Telephone Service and wish to cancel your certificate, you must return the original certificate along with any Regulatory Assessment Fee that is due. Should you have any questions, don't hesitate to call me at (904) 488-1280.

Sincerely,

Kathryn Dyal Lewis
Kathryn Dyal Lewis
Regulatory Analyst
Bureau of Service Evaluation

PJ/emd
0257C(16)