

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 3/4/96

Docket No. 960297-TC

1. Division Name/Staff Name Communications / Hawkins

2. OPR \_\_\_\_\_

3. OCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 3939  
by Jeffrey Philpot.

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)

Jeffrey Philpot

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.



06 MAR -4 AM 10:49

FLORIDA  
PUBLIC SERVICE COM.  
DIV. OF ADMINISTRATION  
CITRUS COUNTY

To whom it may concern,

I, Jeff Philpot regret to cancell my Pay Phone  
Certificate. I can not proceed with losing  
more money. I thank you for your help. I hope  
that you have a good day.

Your Friend in Christ,

*Jeff Philpot*

Docket # 941215 -TC  
# TF287