

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 3/12/96

Docket No. 960326-TC

1. Division Name/Staff Name Communications/Hawkins

2. CPE _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate NO. 4173 by Robert W. Conway.

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)

Robert W. Conway

2. Interested Persons and their representatives (if any)

6. Check one: Documentation is attached.

Documentation will be provided with the recommendation.

DOCUMENT NUMBER-DATE

U3030 MAR 13 96

FPSC-RECORDS/REPORTING

CK# 3160
\$ 50.00
\$ 3.00
2-27-96
VM

PK

Feb 26, 1996

R. W. Conway
147 Ave
24045 SW
Homestead, FL 33032

DEPOSIT RECEIPT DATE
MAR 05 '96

Public Service Commission
Capital Circle Office Center
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

JAF
3/11/96

Re: TF 375



DEAR SIRs.

Enclosed is the required 1995
Regulatory Assessment Fee of \$150.00
plus \$3.00 penalty.

Please cancel my Regulatory
Certificate.

Very truly yours,
Robert W. Conway