

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 4/1/96

Docket No. 960405-TC

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

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 3020 by John A. Moschella d/b/a Polar Tech

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)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Date: 3/25/91

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: JOHN A. MISCHERIA D/B/A POLAR TECH

Print your name: JOHN A. MISCHERIA

Your signature: 

State of Florida

Commissioners:
SUSAN F. CLARK, CHAIRMAN
J. TERRY DEASON
JULIA L. JOHNSON
DIANE K. KIESLING
JOE GARCIA



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(904) 413-6600

Public Service Commission

March 13, 1996



CERTIFIED

Mr. John A. Moschella d/b/a
POLAR TECH - TE583
2313 - 62nd Street
Brooklyn, NY 11204

Dear Mr. Moschella:

Until your certificate is cancelled, you will continue to be responsible for payment of Regulatory Assessment Fees. To cancel the certificate, we must have a written request signed by a representative of the company. Therefore, if you would like to cancel the certificate, sign where indicated on the attached sheet and return to:

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

Should you have any questions, please contact me at (904) 413-6556.

Sincerely,

A handwritten signature in cursive script that reads "Brenda H. Hawkins".

Brenda H. Hawkins
Regulatory Analyst
Bureau of Service Evaluation

Record #1605