

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 4/3/96

Docket No. 960430 -X

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4320 by Miguel Martinez d/b/a Tele Com Systems

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.

BH



Date: 3/27/96

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.

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION

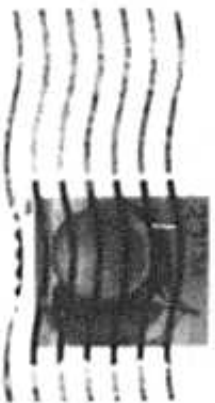
96 APR -3 AM 9
MAIL ROOM

Print name of company: TELE COM SYSTEMS

Print your name: MIGUEL MARTINEZ

Your signature: 

M. MARTINEZ
2907 ESTERONA AVE
MIAMI, FL 33174



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

