

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 4/25/96

Docket No. 96-0014-10

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. DPR \_\_\_\_\_

3. DCR \_\_\_\_\_

4. Suggested Docket Title Request for Cancellation of  
Pay Telephone Certificate No. 3462 by  
CUSTOM COMMUNICATIONS 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)

Custom Communica-  
tions Inc.

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

2. Interested Persons and their representatives (if any)

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

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

Date:

4/15/96



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.

Print name of company: Custom Communications Inc

Print your name: James Moskos

Your signature: [Handwritten Signature]