

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

TF 139

Date 8/15/96

Docket No. 960928-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 3790 by
Sunny Island Communications Corp.

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)

Sunny Island
Communications
Corp.

2. Interested Persons and their representatives (if any)

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

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
96 AUG 15 AM 9:57
MAIL ROOM

Date: 08-13-96



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: Sunny Island Comm. of Dade

Print your name: Francia Ocampo

Your signature: *Francia Ocampo*