

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 8/19/96

Docket No. 960944-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. DPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 1824 by
JGAFINOL, Inc. (TD682)

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)

GAFINOL, Inc.

2. Interested Persons and their representatives (if any)

6. Check one:

- Documentation is attached.
 Documentation will be provided with the recommendation.