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APPLICANT ACKNOWLEDGEMENT CARD

#961054-TC Cert.#4974

Applicant	DAVID	Ε	WILLIAMS	DH

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Title	OWNER POPERATOR	
Date _	9/17/96	

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.

Please place in the docket file!

- D. WILLIAMS 380 ___GOG OAK AVE #5 CLEARWATER FO 34616

LE.

/TH

DOCUMENT NUMBER-DATE 10139 SEP 23 % FPSG-RECORDS/REPORTING