

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 2/3/97

Docket No. 970131-70

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR _____

3. DCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 5063 by Allen G. Graf (TF962)

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)

Allen G. Graf _____

2. Interested Persons and their representatives (if any)

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

DATE: January 22, 1997

Ms. BRENDA H. HAWKINS
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS, ROOM 280-D
2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

DEAR Ms. HAWKINS:

I WISH TO CANCEL MY PAY TELEPHONE CERTIFICATE. I AM NOT PROVIDING PAY TELEPHONE SERVICE AND I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF REGULATORY ASSESSMENT FEES UNTIL THE DATE THE CERTIFICATE IS CANCELLED BY THE FLORIDA PUBLIC SERVICE COMMISSION.

NAME OF COMPANY: Allen G. GrafPRINT NAME: Allen G. GrafSIGNATURE: Allen G. GrafCOMPANY CODE: TF962

Certificate No. #5063