

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date May 15, 1997

Docket No. 970593 - TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2.

3.

4. Requested Docket Title Request for cancellation of Pay Telephone Certificate No. 4671 by William C. Hayes d/b/a Cherita Alternative Pay Stations

5. Proposed Docket Filing 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)

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

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

**William C. Hayes, Jr.
DBA Cheritel Alternative Payphone Stations
2189 Cleveland Street, Suite 263
Clearwater, Fl. 34625
Tel/fax 813-442-3778**

March 10, 1997

**Ms Brenda H Hawkins
Florida Public Service Commission
Division of Communications
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866**

RE: Payphone Certificate Application Cancellation

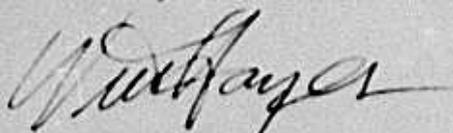
Dear Ms Hawkins

Please consider this letter a formal request for cancellation of the existing payphone certificate for my company. I am submitting this in conjunction with the application for certification by Global Paycom, Inc. I ask that the cancellation of my certificate coincide with the issuance of the certificate for Global Paycom, Inc., who will be the new owner and operator of the phones.

Please contact me through the above phone number if there are any questions or additional information needed to complete the cancellation and new application process. Mr. Robert Dennard will coordinate with your office on anything that is required with respect to Global Paycom, Inc.

Thank you in advance for your assistance in this matter.

Sincerely,



William C. Hayes, Jr.



PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850



NAME: William C. Hayes, Jr

NAME OF COMPANY: D/D/A CHERITEL ALTERNATIVE PAYPHONE STATIONS

ADDRESS: 2189 CLEVELAND ST, SUITE 263

CITY/STATE/ZIP: CLEARWATER FL 34625

PHONE # W/AREA CODE: 813-442-3778 or 813-586-6353

CERTIFICATE # 4671 COMPANY CODE: _____

(Answer "YES" to one of the following statements below.)

(1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because Transfer of ownership

SIGNATURE: William Hayes

DATE: 4-22-97

Pd 96 and 97
B