

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 6/6/97

Docket No. 970678 TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OGR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 5028 by Peter N. Szabo

(TF926)

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)

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

2. Interested Persons and their representatives (if any)

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

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



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

97 JUN 35 AM 9 01
MAIL ROOM
RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION

NAME: PETER N. SZABO

NAME OF COMPANY: PETER N. SZABO

ADDRESS: 14410 65TH WAY N

CITY/STATE/ZIP: PBG, FL 33418

PHONE # W/AREA CODE: 561-626-1428

CERTIFICATE #: 5028 COMPANY CODE: TF926

(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 SEND BILL

date

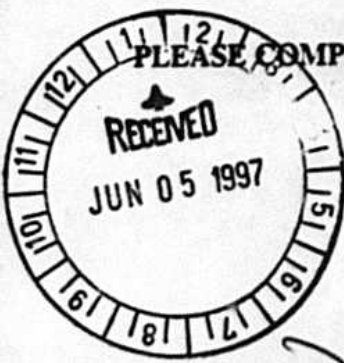
Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because THE COMPANY I WAS DEALING WITH IS COMTEL, THEY'VE BEEN SHUT DOWN. I HAVE NEVER RECEIVED ANY PHONES.

SIGNATURE: Peter N Szabo DATE: 6-2-97

97 JUN 35 AM 9:01

MAIL ROOM



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: PETER N. SZABO

NAME OF COMPANY: PETER N. SZABO

ADDRESS: 14410 65TH WAY N

CITY/STATE/ZIP: PBG, FL 33418

PHONE # W/AREA CODE: 561-626-1428

CERTIFICATE #: 5028 COMPANY CODE: TF926

(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 SEND BILL

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because THE COMPANY I WAS DEALING WITH IS COMTEL, THEY'VE BEEN SHUT DOWN. I HAVE NEVER RECEIVED ANY PHONES.

SIGNATURE: Peter N Szabo DATE: 6-2-97