REQUEST TO ESTABLISH DOCKET

...6/17/97

Docket No. 910132-7C

002	
Request for can	cellation of Pay Tel
hone Certificate	No. 5021 by Pet
Dean Hoo	
Suggested Docket Hailing List (attach separate	
A. Provide NAMES ONLY for regulated companies as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all o	
1. Parties and their representatives (if an	y)
leter Dean Hoo	
2. Interested Persons and their representat	rives (if any)
2. Interested Persons and their representati	
No. 10 Sept. April 10	

1:\PSC\RAR\WP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

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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

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DEPOSIT

PETER DEAN 100 NAME OF COMPANY: ADDRESS: 6597 SCHOONER TERRACE CITY/STATE/ZIP: MARGATE FL 33063 PHONE # W/AREA CODE: (954) 974-7463 CERTIFICATE #: 5021 COMPANY CODE: TF (Answer "YES" to one of the following statements below.) 165 (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 no profits were SIGNATURE: Peter 1500 DATE: 5/28/97