

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 6/17/97

Docket No. 970 734 - TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4208 by World Payphone, Inc.

(TF785)

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)

World Payphone, Inc.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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

1190
50.00
12.50
8.50
5/20/97
AP.

DEPOSIT
D533

DATE
MAY 29 1997

NAME: Douglas Brough
NAME OF COMPANY: World Payphone, Inc.
ADDRESS: 1801 S. Federal Highway, #305
CITY/STATE/ZIP: Delray Beach, FL 33483
PHONE # W/AREA CODE: (407) 274-8044
CERTIFICATE #: 4288 COMPANY CODE: TF 785

(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 _____

RECEIVED
FLORIDA PUBLIC SERVICE COMMISSION
MAIL ROOM
97 MAY 27 PM 3:10

SIGNATURE: *Douglas Brough* DATE: 5/20/97