

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/28/97

Docket No. 971426-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 5027
by HARRISON COMMUNICATIONS, INC.

(TF925)

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.

RADIATION ONCOLOGY ASSOCIATES

PROVIDING TOMORROW'S RADIATION ONCOLOGY NEEDS TODAY

October 15, 1997

Ms. Brenda Hawkins
Florida Public Service Commission
2540 Shumard Oaks Blvd
Tallahassee, FL 32399

DEPOSIT

DATE

D 6 3 7

OCT 20 1997

1054
50.00
10/15/97
PP

Dear Ms. Hawkins:

TF925

Please cancel certificate # 5027 issued to Harrison Communications, Inc. on December 4, 1996.
Enclosed, please find my check for \$50.00 for the 1997 minimum fee since we never began operation.

Thank you very much for your help.

Sincerely,



Mark L. Harrison, M.D.

97 OCT 17 AM 9 12
MAIL ROOM

RECEIVED

OCT 27 1997

CMU

101 OCEAN LANE DRIVE
#4C7
KEY BISCAYNE, FL
SKY PAGER: (800) 376-2466
TELEPHONE & FAX: (305) 365-0314
e-mail: MHarrimd@aol.com