

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 12/29/97

Docket No. 9711664-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 3895
by TALLEY COMMUNICATIONS, INC.

(TF243)

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.

TALLEY COMMUNICATIONS INC.

4041 Eagles Nest Dr.

Valrico, FL 33594

Ph or Fax: 813 653-1359

December 22, 1997

Florida Public Service Commission

2540 Shumard Blvd

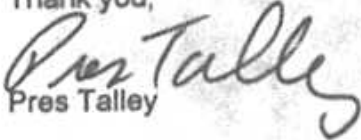
Tallahassee, FL 32399-0850

Ref: TF243 P173 008 054

Gentlemen:

Please cancel the Pay Telephone Service Provider License for my company.
The business was closed and the equipment sold on 8-15-97.

Thank you,


Pres Talley

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission

(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

TF243 P173 998 054
 Talley Communications, Inc.
 4041 Eagles Nest Drive
 Valrico, FL 33594-7087

DATE

D 6 7 8 DEC 24 1997

Please Complete Below If Address Has Changed

FOR PSC USE ONLY

Check# 0912
 \$ 50.00 0603002
 003001
 \$ _____ P
 0603002
 004011
 \$ _____ I
 Postmark Date 12/27/97
 Initials of Preparer RP

PERIOD COVERED:
 01/01/1997 TO 12/31/1997

(Name of Company)

(Address)

(City/State)

(Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ <u>4528</u>
2.	Gross Intrastate Revenue	<u>698</u>
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(<u>212</u>)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ <u>486</u>
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	<u>0.73</u>
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ <u>0.73</u>

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0
 *GTE = \$212.00 BUSINESS CLOSED, PHONES SOLD

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

CANCEL MY LICENSE.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Proslley D Talley
 (Signature of Company Official)

President
 (Title)

12-22-97
 (Date)

Proslley D Talley
 (Please Print Name)

Telephone Number (813) 653-1359

F.E.I. No. _____