

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date September 14, 1998

Docket No. 981123-7C

- 1. Division Name/Staff Name Communications/Isler
- 2. OPR Communications/Isler
- 3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 3875 Issued to Inmate Communications Corporation for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

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)

<u>Stephen A. Edwards</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

10050 SEP 15 98

FPSC-RECORDS/REPORTING



# Public Service Commission

**-M-E-M-O-R-A-N-D-U-M-**

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**DATE:** August 6th, 1998  
**TO:** Paula Isler  
**FROM:** Jackie Knight  
**RE:** RAF non payments - *Tenth set of 10*

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Paula, attached are ten communication companies (tenth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of August is \$4.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

- 1 TF217
- 2 TF223
- 3 TF230
- 4 TF248
- 5 TF253
- 6 TF254
- 7 TF267
- 8 TF270
- 9 TF274
- 10 TF281

Should you have any questions, please let me know  
G:\pi3.mpl

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAF PERIOD BEGINS	T TO RAF PERIOD	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT METHOD	CELL AGENCY FEE	RAF PAYMENT METHOD	POST MARK DATE	REPORT NUMBER	PENALTY ONE PERIOD DAYS PER DAY	PENALTY FEE	DEFERMENT ONE PERIOD DAYS	DEFERMENT FEE	DATE DELIGHT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF DELAY	EXTENDED ACCOUNT # THIS IS DA	EXT AMOUNT PAID "RAF"	DATE THIS-UP MAILED	THIS-UP AMOUNT RECEIVED "RAF"	THIS-UP P & I
1722	Health Commission	04-Nov-84						00.00																	

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1722	Health Commission	04-Nov-84						00.00																		

$RAE = 50.00$   
 $P = 12.5\%$   
 $I = 4.00$   
 $\#66.50$

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1722	Health Commission	04-Nov-84		03-24-85	03	02,426.10	344.18	00.00	WAT			00 00 00-27	0000	0.00	0.00	0.00	0.00	000007								
1722	Health Commission	04-Nov-84		03-24-85	03	02,426.10	344.18	00.00				00 00 00-27	0000	0.00	0.00	0.00	0.00	000007								
1722	Health Commission	04-Nov-84		03-24-85	03	02,426.10	344.18	00.00				00 00 00-27	0000	0.00	0.00	0.00	0.00	000007								

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1722	HEALTH COMMISSION	04-Nov-84		03-24-85	03	00.00			00 00 00-27	0000	0.00	0.00	0.00	0.00											

$P = 2.50$   
 $I = 1.50$   
 $\#1.00$

TOTAL #113.50

NAPO

COPY CODE	COMPANY NAME	ISS DATE	MACTER DATE	RAF PERIOD BEGINS	RAF NO	RAF COLL PER PERCENT AMOUNT	COLL AGENCY FOL	RAF # OF MONTHS BEGINS	POST DATE DATE	REPORT NUMBER	FINELY ONE PERIOD DATE	FINALLY FOL	INTEREST ONE PERCENT	INTEREST FOL	DATE DELIGHT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF SET	ADVISED ACCOUNT # FROM DA FORM 34	BY AMOUNT PER "RAF"	DATE THROUGH MAILED	THROUGH ACCOUNT RECEIVED "RAF"	THROUGH P & I RECEIVED
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**RECIPIENT**

- \*Complete items 1 and/or 2 for additional services.
- \*Complete items 3, 4a, and 4b.
- \*Print your name and address on the reverse of this form so that we can return this card to you.
- \*Attach this form to the front of the mailpiece, or on the back if space does not permit.
- \*Write "Return Receipt Requestor" on the mailpiece below the article number.
- \*The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TF223

4a. Article Number

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4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

Date of Delivery

5. Received by (Print Name)

*[Signature]*

6. Signature (Addressee or Agent)

*[Signature]*

7. Address (Only if requested and for fee)

*[Address]*

Thank you for using Return Receipt Service.