

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date September 14, 1998

Docket No. 98128-TC

- 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 3926 Issued to Telecommunications Service Center, Inc. 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)

Harold Shankland

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

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

I:\PSC\BAR\WP\ESTDKT.

PSC/BAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
~~70084~~ SEP 15 98
FPSC-RECORDS/REPORTING



Public Service Commission

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

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

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

Is your RETURN ADDRESS completed on the reverse side?

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 Requested" 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:

TF 274

4a. Article Number

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery
12-15-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Luana Thomas

Thank you for using Return[®] Service.