

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date September 14, 1998

Docket No. 981132-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 4139 Issued to North American Telephone-Tel., 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)

Curt D. Barnes _____

2. Interested Persons and their representatives (if any)

6. Check one:

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

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DAIE
 10068 SEP 15 8
 FPSC-REGURDS/REPORTING



Public Service Commission

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

DATE: August 17th, 1998
TO: Paula Isler
FROM: Jackie Knight *JK*
RE: RAF non payments - *Eleventh set of 10*

Paula, attached are ten communication companies (eleventh 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 TF291
- 2 TF293
- 3 TF313
- 4 TF314 - *Cancelled 3-21-93*
- 5 TF330
- 6 TF340
- 7 TF341
- 8 TF342
- 9 TF343 - *Cancelled 5-15-98*
- 10 TF348

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

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAP PERIOD NUMBER	"S" NO RAP FORM	REVENUE REPORT	REGULATORY ASSIGNMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIPT	COLL AGENCY FEE	RAP (OR EXTENSION) RECEIVED	POST MARK DATE	REPORT NUMBER	PENALTY DUE (90/90 DAYS)	PENALTY PAID	INTEREST DUE (12/30 DAYS)	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT D (7/9/18 DA)	EXT AMOUNT PAID "RAP"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAP"	TRUE-UP P & I RECEIVED
17341	North American Tel	28-Apr-88						\$0.00																	

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17341	North American Tel	28-Apr-88						\$0.00																	

2/11 50.00
 8.12.83
 3 = 4.03
 66.50

COPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAP PERIOD NUMBER	"S" NO RAP FORM	REVENUE REPORT	REGULATORY ASSIGNMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIPT	COLL AGENCY FEE	RAP (OR EXTENSION) RECEIVED	POST MARK DATE	REPORT NUMBER	PENALTY DUE (90/90 DAYS)	PENALTY PAID	INTEREST DUE (12/30 DAYS)	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT D (7/9/18 DA)	EXT AMOUNT PAID "RAP"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAP"	TRUE-UP P & I RECEIVED
17341	North American Tel	28-Apr-88		13-31-88	CR		\$0.00	\$0.00	\$0.00	\$0.00		02-20 10:27-88	60998	\$13.50	\$13.50	\$4.50	\$4.50	02/28/87							

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17341	North American Tel	28-Apr-88		13-31-88			\$0.00	\$0.00	\$0.00	\$0.00		02-20 04:01-88	61169	\$0.00	\$0.00	\$4.01-88	\$4.01								
17341	North American Tel	28-Apr-88		5-31-88			\$0.00	\$0.00	\$0.00	\$0.00		02-20 17:30-88	61169	\$0.00	\$0.00	\$7.30-88	\$7.30								

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Total 111.11

COPY CODE	COMPANY NAME	ISS DATE	MACTHE DATE	RAF PERIOD BEGINS	"P" NO RAF CODE	RAF & COLL PSE PAYMENT AMOUNT	CALL AGENCY PSE	RAF (S) RECEIVED	POST DATE DATE	DEPOSIT NUMBER	PENALTY DUE (RAF DAVIS) NO. DATE	PENALTY PSE	INTEREST DUE (RAF DAVIS) NO. DATE	INTEREST PSE	DATE DELINQNT LETTER NO. DATE	DATE P & I LETTER NO. DATE	DAYS CP EXT	EXTENDED AMOUNT (RAF DAVIS) NO. DATE	EXT AMOUNT PSE "RAF"	DAYS TRAIL-UP	TRAIL-UP AMOUNT RECEIVED "RAF"	TRAIL-UP P & I RECEIVED
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

1F 341

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

4a. Article Number

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

12-15-97

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

Thank you for using Return Receipt Service.