

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/17/96

Docket No. 981153-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 3067 issued to American Telecom Systems, Inc. for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Filing 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>Jaime L. Cario</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:
- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\BAR\MP\ESTDKT.
PSC/BAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE
10224 SEP 17 96
PSC-RECORDS REPORTING



Public Service Commission

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

DATE: ~~July 8th, 1998~~
TO: Paula Isler
FROM: Jackie Knight *JK*
RE: RAF non payments - *Ninth set of 10*

Paula, attached are ten communication companies (eighth 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 July is \$3.50 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 TF107 ✓ no
- 2 TF110 ✓ no
- 3 TF111 ✓ no
- 4 TF120 ✓ no
- 5 TF121 / P201 5/15 - *main, EAP04*
- 6 TF124 ✓ no
- 7 TF174 ✓ no
- 8 TF186 ✓ no
- 9 TF194 ✓ no
- 10 TF215 ✓ no

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

REF ID	COMPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAP PERIOD	"I" NO RAP FORM	REGULATORY ASSESSMENT FEE	RAP PAYMENT & COLL FEE PAYMENT AMOUNT	RAP PAYMENT RECEIVED	COLL AGENCY FEE	RAP (PENDING) RECEIVED	POST MARK DATE	REPORT NUMBER	PENALTY DUE (RUE DATE)	PENALTY PAID	INTEREST DUE (RUE DATE)	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (PUNIS DA)	EXT AMOUNT PAID "RAP"	DATE TRUS-UP MAILED	TRUS-UP RECEIVED "RAP"	TRUS-UP P & I RECEIVED
17215	American Telecom	04-28-84						50.00																	

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17216	American Telecom	04-28-84						50.00																	

RAF: 90.00
 P. 12.50
 I. 2.50

 66.00

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17218	American Telecom	04-28-84			12-31-88		148.50	148.37	148.37	50.00		04-27-87	2088	22.01	22.00	14.00	14.00								
17219	American Telecom	04-28-84			12-31-88		50.00	50.00	50.00	50.00		04-27-87	2089	22.01	22.01	14.00	14.00								
17220	American Telecom	04-28-84			12-31-88		177.20	177.20	177.20	50.00		04-27-87	2090	17.32	17.32	11.24	11.24								

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17218	American Telecom	04-28-84			12-31-88		148.50	148.37	148.37	50.00		04-27-87	2088	22.01	22.00	14.00	14.00								
17219	American Telecom	04-28-84			12-31-88	X	50.00	50.00	50.00	50.00		04-27-87	2089	22.01	22.01	14.00	14.00								
17220	American Telecom	04-28-84			12-31-88	X	115.80	115.80	115.80	50.00		04-27-87	2090	17.32	17.32	11.24	11.24								

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17216	AMERICAN TELEC	04-28-84			12-31-84		50.00		50.00	04-27-87	20127	2.50												

P. 2.50
 I. 1.50

 1.00

TH 11 11:30

COMPY DATE	COMPANY NAME	PER DATE	PACKED DATE	REP ORDER NUMBER	TO NO REP NAME	REP & CALL PER NUMBER ADDRESS	CALL AGENCY PER	REP (ADDRESS) ADDRESS	POST DATE DATE	CHECK NUMBER	PURCHY ONE NUMBER NUMBER	PURCHY TWO	AMOUNT ONE PER DATE	AMOUNT TWO	NOTE RECEIPT LETTER NUMBER	NOTE P & I LETTER NUMBER	DATE OF REC	ATTORNEY ADDRESS & PHONE OR LEGAL AD	BY ADDRESS PER "REP"	DATE RECEIVED NUMBER	FILE OF RECEIPT NUMBER	VERIFIED P & I NUMBER
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional protection.
- Complete items 3, 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:

TF215

4a. Article Number

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt Requested COD

7. Date of Delivery

DEC 19

5. Delivered By: (Print Name)

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

6. Signature (Addressee or Agent)

[Handwritten Signature]



Thank you for using Return Receipt Service.