

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/16/98

Docket No. 981154-TC

- 1. Division Name/Staff Name Communications/Isler
- 2. DPR Communications/Isler
- 3. OCR Legal Services
- 4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 3036 Issued to Tel Con Resources, Inc. For Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fee: 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)

Stanley Kantor _____

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-DATE
10225 SEP 17 8
FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: May 20, 1998
TO: Paula Isler
FROM: Michael Lake *[Signature]*
RE: RAF non payments - *Fifth set of 10*

Paula, attached are ten communication companies (fifth 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 May is \$2.0 and Penalty is \$10. 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 file.

- 1 TE600 ✓/110
- 2 TE602 ✓/10
- 3 TE610 ✓/10
- 4 TE614 ✓/10
- 5 TE635 ✓/10
- 6 TE642 ✓/10
- 7 TE660 ✓/10
- 8 TE685 ✓/10
- 9 TE688 ✓/10
- 10 TE692 ✓/10 67-7-14-98-DK 777

Should you have any questions, please let me know.
G:\pi5.mpl

In 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:

TE 600

4a. Article Number

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

7. Date of Delivery 12-14

5. Received 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.