

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/16/98

Docket No. 981160-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 3212 Issued to Royal Payphones, 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)

<u>Meck Harbison</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

10231 · SEP 17 98

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 *ML*
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 110
- 3 TE610 110
- 4 TE614 110
- 5 TE635 110
- 6 TE642 110
- 7 TE660 ✓ 110
- 8 TE685 ✓ 110
- 9 TE688 110
- 10 TE692 ✓ 110 - 7.5.10 110 - DK 777

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

REF NO	COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"T" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT SECURTY	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (YEAR DAYS) 25% MAX	PENALTY PAID	INTEREST DUE (YEAR DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSION AMOUNT D (75% OF 150) 150.00	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
12888	Royal Pigeon		30-Oct-82						\$0.00																		

RAF 50

REF NO	COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"T" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT SECURTY	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (YEAR DAYS) 25% MAX	PENALTY PAID	INTEREST DUE (YEAR DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSION AMOUNT D (75% OF 150) 150.00	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
12888	Royal Pigeon		30-Oct-82						\$0.00																		

50.00
110.00
- 2.00
15.00

REF NO	COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"T" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT SECURTY	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (YEAR DAYS) 25% MAX	PENALTY PAID	INTEREST DUE (YEAR DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSION AMOUNT D (75% OF 150) 150.00	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
12888	Royal Pigeon		30-Oct-82		12-31-82		1491,205.00	287.71	287.71	0.00			087 71 24-31-82	0000	14.58		0.00										

14.439
- 2.00
17.27

REF NO	COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"T" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT SECURTY	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (YEAR DAYS) 25% MAX	PENALTY PAID	INTEREST DUE (YEAR DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSION AMOUNT D (75% OF 150) 150.00	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
12888	Royal Pigeon		30-Oct-82		12-31-82		86,451.84	112.85	112.85	0.00			112 85 24-31-82	0000	0.00		0.00										
12888	Royal Pigeon		30-Oct-82		6-30-84		277,234.80	118.15	118.15	0.00			118 15 24-31-82	0000	0.00		0.00										

118.15
- 4.662
1.33
7.95
5
1.31

REF NO	COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"T" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (YEAR DAYS) 25% MAX	PENALTY PAID	INTEREST DUE (YEAR DAYS)	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSION AMOUNT D (75% OF 150) 150.00	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED			
12888	Royal Pigeon		30-Oct-82		12-31-84		112.85	0.00	112 85 7-26-84	00131																
12888	Royal Pigeon		30-Oct-82		6-30-84		82.16	0.00	82 16 7-26-84	0027																

112.85
- 12.74
130.60

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 2 for additional services.
- Complete items 3, 4a, 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 elect to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TE 688

4a. Article Number

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

7. Date of Delivery

12-15-87

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Michelle Cortez*

Thank you for using Return Receipt Service.