

**REQUEST TO ESTABLISH DOCKET**  
(PLEASE TYPE)

Date 09/17/98

Docket No. 981178-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 2867 issued to Yare Theatre Building, 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>Robert L. Brackett</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

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

I:\PSC\RAR\WP\ESTDXY.  
PSC/RAR 10 (Revised 01/96)



# Public Service Commission

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

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DATE: May 13, 1998  
TO: Paula Isler  
FROM: Michael Lake *ML*  
RE: RAF non payments - *Fourth set of 10*

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Paula, attached are ten communication companies (fourth 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 files.

- 1 TE329 ✓ no
- 2 TE335 ✓ no
- 3 TE342 ✓ no
- 4 TE350 ✓ paid 25 no due 25 no - 2.498 - DA 707
- 5 TE377 ✓ no
- 6 TE431 ✓ no
- 7 TE476 ✓ no
- 8 TE486 ✓ 4-29-98 - DK 767
- 9 TE525 ✓ no
- 10 TE563 ✓ *man (Paid 5.18 - due 4.182 - 1.1552 - DB 091)*

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

YEAR	COMPANY NAME	ISS DATE	EXPIRES DATE	REP PERIOD	REP NO	REVENUE	REGULATORY	REP PAYMENT	REP PAYMENT	CALL	REP	POST	REPORT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	EXTEND	EXT	DATE	TRAIL-UP	TRAIL-UP
							ASSESSMENT	& COLL. FEE		AGENCY	NO	DATE	NUMBER	DUE	DUE	DUE	DELINQ	P. & I	OF	AMOUNT	AMOUNT	TRAIL-UP	AMOUNT	RECEIVED
							FEE	AMOUNT	AMOUNT	FEE	REVENUE			PER	PER	PER	LETTER	LETTER	EXT	PAID	PAID	RECEIVED	P. & I	
78-89	View Theatre Bldg	12-29-81						92.00																

650

YEAR	COMPANY NAME	ISS DATE	EXPIRES DATE	REP PERIOD	REP NO	REVENUE	REGULATORY	REP PAYMENT	REP PAYMENT	CALL	REP	POST	REPORT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	EXTEND	EXT	DATE	TRAIL-UP	TRAIL-UP
							ASSESSMENT	& COLL. FEE		AGENCY	NO	DATE	NUMBER	DUE	DUE	DUE	DELINQ	P. & I	OF	AMOUNT	AMOUNT	TRAIL-UP	AMOUNT	RECEIVED
							FEE	AMOUNT	AMOUNT	FEE	REVENUE			PER	PER	PER	LETTER	LETTER	EXT	PAID	PAID	RECEIVED	P. & I	
78-89	View Theatre Bldg	12-29-81	12-31-87				92.75	99.00	99.00	99.00				27.50		31.50								

899

YEAR	COMPANY NAME	ISS DATE	EXPIRES DATE	REP PERIOD	REP NO	REVENUE	REGULATORY	REP PAYMENT	REP PAYMENT	CALL	REP	POST	REPORT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	EXTEND	EXT	DATE	TRAIL-UP	TRAIL-UP
							ASSESSMENT	& COLL. FEE		AGENCY	NO	DATE	NUMBER	DUE	DUE	DUE	DELINQ	P. & I	OF	AMOUNT	AMOUNT	TRAIL-UP	AMOUNT	RECEIVED
							FEE	AMOUNT	AMOUNT	FEE	REVENUE			PER	PER	PER	LETTER	LETTER	EXT	PAID	PAID	RECEIVED	P. & I	
78-89	View Theatre Bldg	12-29-81	12-31-88				92.00	99.00	99.00	99.00				27.50		31.50								

ok

YEAR	COMPANY NAME	ISS DATE	EXPIRES DATE	REP PERIOD	REP NO	REVENUE	REGULATORY	REP PAYMENT	REP PAYMENT	CALL	REP	POST	REPORT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	EXTEND	EXT	DATE	TRAIL-UP	TRAIL-UP
							ASSESSMENT	& COLL. FEE		AGENCY	NO	DATE	NUMBER	DUE	DUE	DUE	DELINQ	P. & I	OF	AMOUNT	AMOUNT	TRAIL-UP	AMOUNT	RECEIVED
							FEE	AMOUNT	AMOUNT	FEE	REVENUE			PER	PER	PER	LETTER	LETTER	EXT	PAID	PAID	RECEIVED	P. & I	
78-89	View Theatre Bldg	12-29-81	12-31-89				92.00	99.00	99.00	99.00				27.50		31.50								

ok

YEAR	COMPANY NAME	ISS DATE	EXPIRES DATE	REP PERIOD	REP NO	REVENUE	REGULATORY	REP PAYMENT	REP PAYMENT	CALL	REP	POST	REPORT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	EXTEND	EXT	DATE	TRAIL-UP	TRAIL-UP
							ASSESSMENT	& COLL. FEE		AGENCY	NO	DATE	NUMBER	DUE	DUE	DUE	DELINQ	P. & I	OF	AMOUNT	AMOUNT	TRAIL-UP	AMOUNT	RECEIVED
							FEE	AMOUNT	AMOUNT	FEE	REVENUE			PER	PER	PER	LETTER	LETTER	EXT	PAID	PAID	RECEIVED	P. & I	
78-89	View Theatre Bldg	12-29-81	12-31-94				92.00	99.00	99.00	99.00				27.50		31.50								
78-89	View Theatre Bldg	12-29-81	6-30-94				92.00	99.00	99.00	99.00				27.50		31.50								

ok

Total 68

COMPY CODE	COMPANY NAME	ISS DATE	THRU DATE	RAF PERIOD	NO OF RAP	RAF & COLL PER PERCENT	COLL AMOUNT	RAF PERCENTAGE	POST DATED	REPORT NUMBER	PENALTY PER YEAR DAYS	PENALTY PER	INTEREST PER YEAR DAY	INTEREST PER	DAYS DELINQUENT LETTER	DAYS P & I LETTER	DAYS OF SET	EXTENDED AMOUNT TO PAYMENT	EXT AMOUNT PAID	DATE TRAIL-UP	TRAIL-UP AMOUNT	TRAIL-UP P & I
7808	New Theatre Bldg	02-01-01		12-31-02		50.00				1076												
7808	New Theatre Bldg	02-01-01		2-28-02		50.00				1076												

ck

COMPY CODE	COMPANY NAME	ISS DATE	THRU DATE	RAF PERIOD	NO OF RAP	RAF & COLL PER PERCENT	COLL AMOUNT	RAF PERCENTAGE	POST DATED	REPORT NUMBER	PENALTY PER YEAR DAYS	PENALTY PER	INTEREST PER YEAR DAY	INTEREST PER	DAYS DELINQUENT LETTER	DAYS P & I LETTER	DAYS OF SET	EXTENDED AMOUNT TO PAYMENT	EXT AMOUNT PAID	DATE TRAIL-UP	TRAIL-UP AMOUNT	TRAIL-UP P & I	
7808	New Theatre Bldg	02-01-01		12-31-02		50.00				1076		21.30		50.30									
7808	New Theatre Bldg	02-01-01		2-28-02		50.00				1076													

\$ 3.00

COMPY CODE	COMPANY NAME	ISS DATE	THRU DATE	RAF PERIOD	NO OF RAP	RAF & COLL PER PERCENT	COLL AMOUNT	RAF PERCENTAGE	POST DATED	REPORT NUMBER	PENALTY PER YEAR DAYS	PENALTY PER	INTEREST PER YEAR DAY	INTEREST PER	DAYS DELINQUENT LETTER	DAYS P & I LETTER	DAYS OF SET	EXTENDED AMOUNT TO PAYMENT	EXT AMOUNT PAID	DATE TRAIL-UP	TRAIL-UP AMOUNT	TRAIL-UP P & I	
7808	VERO THEATRE B	02-NOV-01		12-31-01		50.00				1076		50.00	21.30	71.30									
7808	VERO THEATRE B	02-NOV-01		12-31-01		50.00				1076													

\$ 6.00

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and 2 for additional services.
- Complete items 3, 4, and 5.
- 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 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:

TE 486

4a. Article Number

D173 988164

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *[Signature]*

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

Thank you for using Return Receipt Service.