## REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

			41.00	Date Tive,		Callor TT
Det	:e_	09/17/98			Backet He	981178-TC
1.	of	vision Hemm/Stoff Hemm <u>. Companientjern/</u>	<u>leler</u>	·		
2.	Œ	Communications/Isler				
3.	OC.	Legal Services				
4.	<b>Su</b>	pposted Docket Title <u>Cancellation by</u>	Flori	de Public Service	Commission of	Pay Telephone Certificate
Hu	ber	2847 Issued to Vero Theatre Building, 1	nc. f	or Violation of Ru	Les 25-4.0161	F.A.C., Resulatory
Ass	983	ment Fees: Telecommunications Commentes				
5.	24	aggested Docket Mailing List (ettach sepa	rate .	sheet if necessary	)	
		Provide NAMES CHLY for regulated compan as shown in Bule 25-22.104, F.A.C. Provide COMPLETE name and address for a			_	•
		1. Parties and their representatives (i	f eny	)		
Ro	ber	t L. Brackett	• ,			
			• .			_ <del> </del>
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		-				
		2. Interested Persons and their represe	ntat (	ves (if end)		
				(11 6.17)		
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		***	-			
6.	Che	ick are:				
		101 Documentation is attached.				
		Decumentation will be provi	ded w	ith recommendation	le	

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

DOCUMENT NUMBER-DATE

## State of Florida



## Public Service Commission

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

**DATE:** May 13, 1998

TO:

Paula Isler

FROM: Michael Lake

RE:

RAF non payments - Fourth set of 10

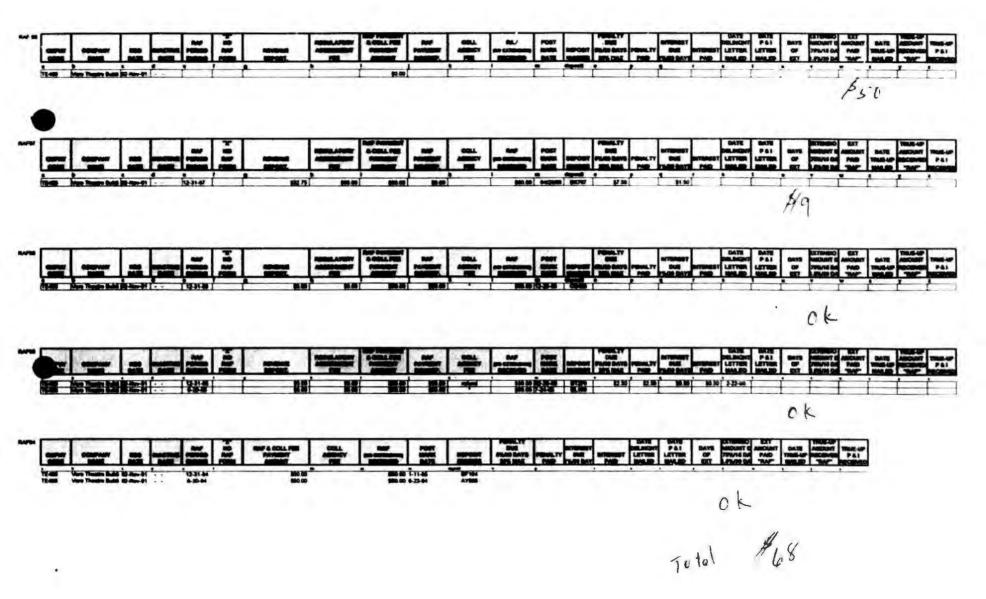
Paula, attached are ten communication companies (fourth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of May is \$2.0 and Penalty is \$10. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

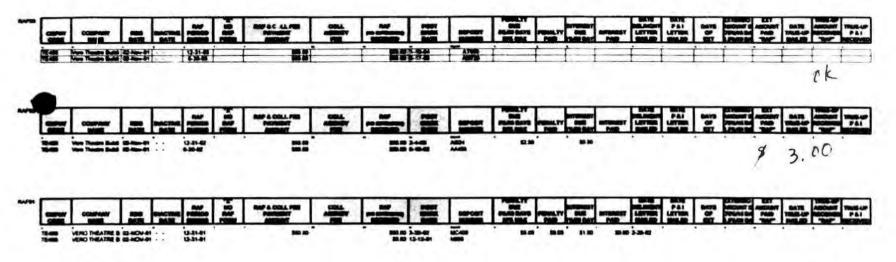
- TE329 √ 40
- TE335 100 2
- 3 TE342 40
- 4 TE350 JPaco 25 to one 25 to - 2.4 58- DH 707
- 5 TE377 1/20
- 6 TE431 /10
- 7 TE476 /20
- 8 TE486 /4-29-91. DK761
- TE525 Las

518- Aug (41112 - 1-1857 - D6061)

Should you have any questions, please let me know.

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\$ 4.00

us estate number. 2. 🗆 Restricted Delivery	
consult postmaster for fee.	
2173 98816	
48. Service Type    Registered	
☐ Express Med ☐ Tribut	
☐ Return Receipt for Merchandee ☐ COD	
7. Date of Delivery	
8. Addressee's Address (Only If requested end fee is paid)	
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