

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/17/98

Docket No. 981186-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 3760 issued to The Garlic Crab Corporation 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)

Michael C. Passas

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

2. Interested Persons and their representatives (if any)

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

6. Check one:

- Documentation is attached.
 Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

13381 SEP 21 98

FPSC-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 | Paid 7.15.98 - 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

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (P&I) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (P&I) DATE	PENALTY PAID	INTEREST DUE (P&I) DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P&I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (P&I) DATE	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P&I RECEIVED	
TF107	The Clark Crab Co	18-May-84						\$0.00																		

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TF107	The Clark Crab Co	18-May-84						\$0.00																		

RAF: 50.00
P = 12.50
I = 3.50
66.00

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (P&I) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (P&I) DATE	PENALTY PAID	INTEREST DUE (P&I) DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P&I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (P&I) DATE	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P&I RECEIVED	
TF107	The Clark Crab Co	18-May-84		12-31-84			\$0.00	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00									

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TF107	The Clark Crab Co	18-May-84		12-31-84			\$0.00	\$0.00	\$0.00	\$0.00				\$0.00	\$0.00	\$0.00	\$0.00									

P = 2.50
I = 3.00
5.50

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (P&I) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (P&I) DATE	PENALTY PAID	INTEREST DUE (P&I) DATE	INTEREST PAID	DATE DELINQUENT LETTER MAILED	DATE P&I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (P&I) DATE	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P&I RECEIVED			
TF107	The Clark Crab Co	18-May-84		12-31-84		\$0.00		\$0.00	12/17/84	N25															
TF107	The Clark Crab Co	18-May-84		6-30-84		\$0.00		\$0.00	7-13-84	A2912															

Total: \$69.00

RAF90

COPY CODE	COMPANY NAME	SSN DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (99-8789999) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE NUM DAYS	PENALTY DUE \$/DAYS	INTEREST DUE NUM DAYS	INTEREST DUE \$/DAYS	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT \$ FROM/TO DA	EXT AMOUNT PAID "RAF"	DATE TRUED-UP MAILED	TRUED-UP AMOUNT RECEIVED "RAF"	TRUED-UP P & I RECEIVED
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RAF82

COPY CODE	COMPANY NAME	SSN DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (99-8789999) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE NUM DAYS	PENALTY DUE \$/DAYS	INTEREST DUE NUM DAYS	INTEREST DUE \$/DAYS	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT \$ FROM/TO DA	EXT AMOUNT PAID "RAF"	DATE TRUED-UP MAILED	TRUED-UP AMOUNT RECEIVED "RAF"	TRUED-UP P & I RECEIVED
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RAF91

COPY CODE	COMPANY NAME	SSN DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (99-8789999) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE NUM DAYS	PENALTY DUE \$/DAYS	INTEREST DUE NUM DAYS	INTEREST DUE \$/DAYS	DATE DELINQUENT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT \$ FROM/TO DA	EXT AMOUNT PAID "RAF"	DATE TRUED-UP MAILED	TRUED-UP AMOUNT RECEIVED "RAF"	TRUED-UP P & I RECEIVED
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Is your RETURN ADDRESS completed on the reverse side?

SEND

- Complete
- Complete
- Print your 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.

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

TF107

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12-15-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.