

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/17/98

Docket No. 981189-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 3838 issued to Sam Safar 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>Sam Safar</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

10384 SEP 21 88

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

RAF90

COPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"S" NO RAF PERIOD	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (RE-ENTRY) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS	FINALTY PENALTY	INTEREST DUE 1/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (7/9/90 DA 1/30/90 DA)	EXT AMOUNT PAID "RAF"	DATE TRUS-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
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RAF92

COPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"S" NO RAF PERIOD	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (RE-ENTRY) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS	FINALTY PENALTY	INTEREST DUE 1/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (7/9/90 DA 1/30/90 DA)	EXT AMOUNT PAID "RAF"	DATE TRUS-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
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RAF91

COPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"S" NO RAF PERIOD	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (RE-ENTRY) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS	FINALTY PENALTY	INTEREST DUE 1/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (7/9/90 DA 1/30/90 DA)	EXT AMOUNT PAID "RAF"	DATE TRUS-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

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

Consult postmaster for fee.

3. Article Addressed to:

FF186

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12/3/97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X *Chickie Pofal*

Thank you for using Return Receipt Service.