## REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date	e 09/17/98	Docket No. 981176-10
1.	Division Name/Staff Name Communica	itions/Isler
4.	Supposted Backet Title Cencellat	on by Florida Public Service Commission of Pay Telephone Certificate
		inc. for Violation of Rules 25-4.0161, F.A.C., Regulatory
		entes
5.	Suggested Docket Mailing List (attac	ch separate sheet if necessary)
	A. Provide NAMES ONLY for regulated as shown in Rule 25-22.104, F.A.	companies or ACRONYMS ONLY regulated industries,
	1. Parties and their representat	
41.	an Goldberg	
	an dotteral a	
	2. Interested Persons and their	representatives (if any)
6.	Check one: XX Documentation is att	ached.
		e provided with recommendation.
1:1	.PSC\RAR\WP\ESTDKT.	

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
10389 SEP 21 8

FPSC-RECORDS/REPORTING



## Public Service Commission

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

DATE: May 5, 1998

TO: Paula Isler

FROM: Michael Lake

RE: RAF non payments - Third set of 10

Paula, attached are ten communication companies (third 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.

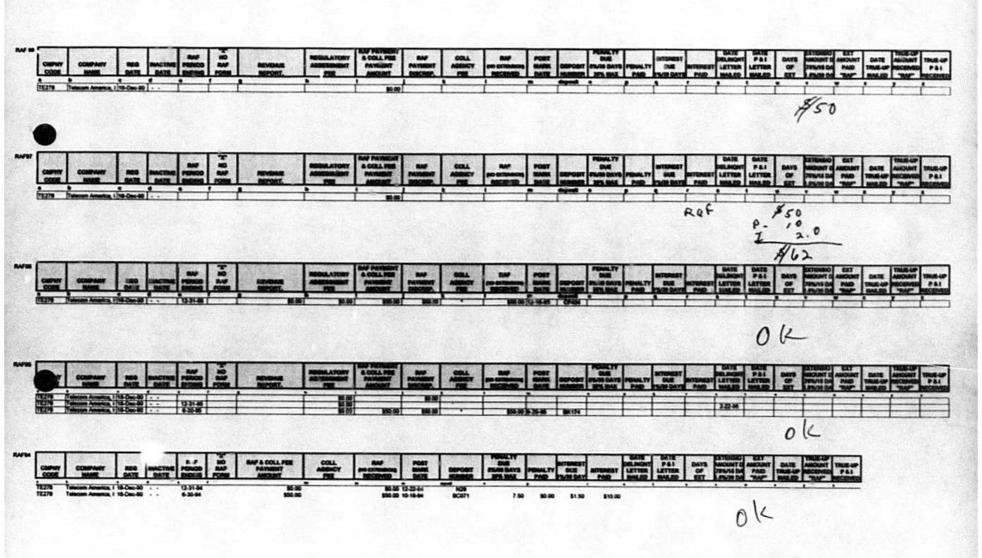
2 TE192 \ 7-23-48- EA 8/8 \ 3 TE201 \ 7-15-58- EA 8/1 \ \
4 TE228 \ no
5 TE244 \ no
6 TE269 \ no
7 TE270 \ no

many cut or letter

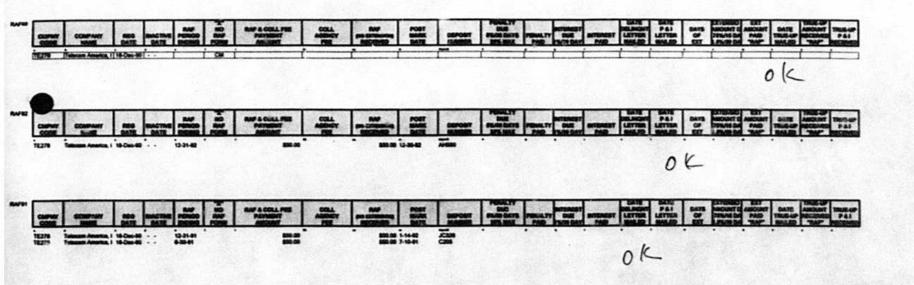
TE176 J 7-9.98 - EH POSV

9 TE299 10 TE328 100

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



Total



card to you.  *Attach this form to the front of the malipleos, or on the permit.  *With "Return Receipt Requested" on the malipleos he	additional serVices.  3, 4a, 4a, 4a, 4a, 4a, 4a, 4a, 4a, 4a, 4a		
3. Article Addressed to:	4a. Article I	Number	
TE278	4b. Service Type Registered Certifies Express Mail Insured Return Receipt for Merchandise COD		
	7. Date of D	199 19 7	
Received By: (Print Name)     Signature: (Addresses or Agent)     X	B. Addresse and fee is	B. Addresse's Address (Only if requested and fee is paid)	