

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/17/98

Docket No. 981206-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 1864 issued to Liberty Tel., Inc. for violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

5. Suggested Docket Railing 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)

Lyn McLellan \_\_\_\_\_

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2. Interested Persons and their representatives (if any)

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6. Check one:

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

I:\PSC\RAR\MP\ESTDET.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

**10509 SEP 23 98**

FPSC-RECORDS/REPORTING



# Public Service Commission

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

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DATE: April 28, 1998  
TO: Paula Isler  
FROM: Michael Lake *ML*  
RE: RAF NON PAYMENTS - SECOND SET OF 10

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Paula, attached is a set of companies (second 10) who have not paid RAF's for 97. Interest and Penalty were calculated through the end of May (P-\$10.00 I-\$2.00). I have a total on the bottom of the first sheet as to what amount a utility owes. As before, I have not made copies, therefore you will need to keep the data for your files.

1. TD444 ✓ no
2. TD514 ✓ no
3. ✓ TD618 ✓ no
4. ✓ TD722 ✓ no
5. ✓ TD865 ✓ no
6. ✓ TD897 ✓ no
7. TE022 — meaning find on 2/27/98 (no)
8. ✓ TE067 ✓ no
9. ✓ TE140 ✓ no
10. ✓ TE164 ✓ no

Should you have any questions, please let me know.

G:\pi2.mpl



Is your RETURN ADDRESS completed on the reverse side?

- INSTRUCTIONS:**
- Complete forms 1 and/or 2 for special services.
  - Complete forms 3, 4a, and 4b.
  - 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 also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TD722

COLIN BRIDGEMAN

4a. Article Number

4b. Service Type

Registered  Certified

Express Mail  Insured

Return Receipt Requested  COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X *Colin Bridgeman*

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



Thank you for using Return Receipt Service.