REQUEST TO ESTABLISH DOCKET

		(PLEASE TIPE)	00,000
Date	09/17/98		Docket Bo. 981207-TC
1.	Division Hemm/Staff Hemm Communi	cetisms/leter	
2.	OPR Communications/Isler		
3.	OCR Legal Services		
4	Supposeted Socket Title Cancella	ation by Florida Public Service C	ommission of Pay Telephone Certificate
			-4.0161, F.A.C., Resulatory Assessmen
	: Telecommunications Companies		
5.	Suggested Socket Meiling List (att	tach separate sheet if necessary)	
	A. Provide MAMES CHLY for regulate	nd companies or ACRONYMS ONLY reg	ulated industries,
	es shown in Rule 25-22.104, F.A B. Provide COMPLETE name and addre	i.c.	
	1. Parties and their represents	otives (if any)	
Kec	die Di Cerlo		
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	2. Interested Persons and their	r representatives (if any)	
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-			
6. (Check one: XX Documentation is at	ttached.	
	Documentation will	be provided with recommendation.	
LiM	PSC\RAR\WP\ESTDKT.		
20042	/RAR 10 (Revised 01/96)		

DOCUMENT NUMBER - DATE

10510 SEP 23 8

State of Florida



Public Service Commission

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

DATE: April 28, 1998

TO: Paula Isler

FROM: Michael Lake

RE: RAF NON PAYMENTS - SECOND LET OF 10

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 beep the data for your files.

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- TD444 1- 10 1.
- TD514 1-10 2.
- 3. - TD618 V MO
- TD722 1,00 4.
- TD865 JA 5.
- 6. TD897 140
- 7. TE022 D-TE067 / 120
- TE140 1/10

TE164 JAO 10.

Should you have any questions, please let me know.

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SENDER: Complete items 1 amount for additional envitors. Complete items 2, 4 1 1 4b. Print your name, and 200 rese on the reverse of this form so the order to you. Attach this form to the trust of the malipleos, or on the back if parrel. Withe "Return Receipt Requested" on the melipleos balow the other hatch respond to the melipleos balow the delivered.	f space does not a article number. rad and the date	I alestwish to receive the following services (for an extra lies): 1. Addresses's Address 2. Restricted Delivery Consult postmaster for fee.		
TD 865	4a. Article N 4b. Service Registers Express Return Re 7. Date of De		Type od Certified Meil Insured oeipt for Merchandise COO	
5. Received By: (Print Name) 6. Signature: (Addisseller or Agent) X	8. Addresses's Address (Only if requested and fee is paid)			