

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date September 21, 1998

Docket No. 981209-TC

1. Division Name/Staff Name Communications/Isler

2. OPR Communications/Isler

3. OOR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 3458 issued to Kathy L. Stephens for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment
Fees: Telecommunications Commission

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. (Watch representatives to clients.)

1. Parties and their representatives (if any)

<u>Kathy L. Stephens</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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\BAR\MP\ESTDK7.

PSC/BAR 10 (Revised 01/96)

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AMF: 50.00
P = 12.50
I = 31.50

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P = 7.50
I = 1.50
19.00

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P = 5.00
I = 11.00
16.00

Total: 181.00

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<p>INSTRUCTIONS</p> <p>• Complete items 1 and/or 2 for additional coverage.</p> <p>• Complete items 3, 4a, and 4b.</p> <p>• Put your name and address on the reverse of this form so that we can return the card to you.</p> <p>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</p> <p>• Order "Return Receipt Requester" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.</p>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>ITE933</p>		<p>4a. Article Number</p>	
		<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Certified</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</p> <p><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD</p>	
<p>5. Received By: (Print Name)</p>		<p>7. Date of Delivery</p> <p>2-16-97</p>	
<p>6. Signature (Addressee or Agent)</p> <p><i>x Katha High</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>PS Form 3811, December 1995</p>		<p>12285-07-0-0179 Domestic Return Receipt</p>	

Thank you for using Return Receipt Service.