

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date September 21, 1998

Docket No. 981210-70

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 3667 Issued to La Zaragoza Restaurant for Violation of Rules 25-4.0161, F.A.C., Remedial 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>La Zaragoza Restaurant</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one: Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
10513 SEP 23 98
FPSC-RECORDS/REPORTING

COPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAP FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (NO RETURN) RECEIVED	POST MARK DATE	DEPOSIT RECEIVED	PENALTY DUE 30/60 DAYS 95% BAL	PENALTY DUE	INTEREST DUE 30/60 DAYS	INTEREST FEE	DATE DELINQUENT LETTER MAILED	DATE P&I LETTER MAILED	DATE OF EXT	EXTENDED AMOUNT C TRU/PA BALANCE DA	EXT AMOUNT PAID "RAF"	DATE TRU/PA MAILED	TRU/PA AMOUNT RECEIVED "RAF"	TRU/PA P&I RECEIVED	
TP010	La Zaragoza Rest	20-Apr-04						\$0.00																		

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TP010	La Zaragoza Rest	20-Apr-04						\$0.00																		

RA: 50.00
 P: 12.50
 I: 3.50

 66.00

COPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"X" NO RAP FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (NO RETURN) RECEIVED	POST MARK DATE	DEPOSIT RECEIVED	PENALTY DUE 30/60 DAYS 95% BAL	PENALTY DUE	INTEREST DUE 30/60 DAYS	INTEREST FEE	DATE DELINQUENT LETTER MAILED	DATE P&I LETTER MAILED	DATE OF EXT	EXTENDED AMOUNT C TRU/PA BALANCE DA	EXT AMOUNT PAID "RAF"	DATE TRU/PA MAILED	TRU/PA AMOUNT RECEIVED "RAF"	TRU/PA P&I RECEIVED	
TP010	La Zaragoza Rest	20-Apr-04		12-31-04			\$0.00	\$0.00	\$0.00					\$0.00	\$0.00		\$0.00									

P: 2.50
 I: .50

 3.00

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TP010	La Zaragoza Rest	20-Apr-04		12-31-04			\$0.00	\$0.00	\$0.00					\$0.00	\$0.00		\$0.00									

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TP010	La Zaragoza Rest	20-Apr-04		0-31-04		\$0.00	\$0.00	\$0.00	7-21-04	\$0.00	\$0.00	7-19-04		\$0.00											
TP010	La Zaragoza Rest	20-Apr-04		0-30-04		\$0.00	\$0.00	\$0.00	7-19-04		\$0.00			\$0.00											

TOTAL = \$69.00

CPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAP PERIOD BEGINS	NO RAP PERIOD	RAP & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAP (EX-EMPTED) SECURED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE THIS DATE	PENALTY PAID	INTEREST DUE THIS DATE	INTEREST PAID	DATE DELIVERED LETTER	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT C TRAVELER'S CHECK	EXT AMOUNT PAID "RAP"	DATE TRAIL-UP MAILED	TRAIL-UP AMOUNT RECEIVED "RAP"	TRAIL-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.
- 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.
- This 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):

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

Consult postmaster for fee.

3. Article Addressed to:

TF 010

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12-13-97

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X JUSTIN

Thank you for using Return Receipt Service.