

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 09/29/98

Docket No. 981278-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 4563 Issued to Marcia Siddons d/b/a Sid Telcom Violation of Rule 25-4.0161, F.A.C., Regulatory 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>Marcia Siddons</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

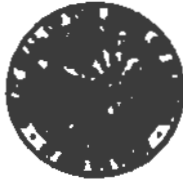
2. Interested Persons and their representatives (if any)

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

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

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

DOCUMENT NUMBER-DATE  
**11060** OCT-78  
FPSC-RECORDS/REPORTING



# Public Service Commission

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

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**DATE:** September 28th, 1998  
**TO:** Paula Isler  
**FROM:** Jackie Knight *JK*  
**RE:** RAF non payments - *First set of 30*

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Paula, attached are thirty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of October is \$5.00 and Penalty is \$12.50. 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.

1	TF532	16	TF629
2	TF535	17	TF631
3	TF536	18	TF632
4	TF539	19	TF635
5	TF540	20	TF638
6	TF547	21	TF639
7	TF564	22	TF644
8	TF570 -	23	TF645
9	TF574 -	24	TF647
10	TF580	25	TF656
11	TF583	26	TF659
12	TF585	27	TF666 -
13	TF586	28	TF672
14	TF600	29	TF673
15	TF622	30	TF675

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

COMPY CODE	COMPANY NAME	ISS DATE	EXPIRES DATE	RAF PERIOD BEGINS	"S" SO RAF PERIOD ENDS	REVENUE REPORT	REGULATORY ASSIGNMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT RECEIPT	COLL AGENCY FEE	RAF (P&I) RECEIVED	POST BANK DATE	DEPOSIT NUMBER	PENALTY ONE PER 30 DAYS PAID	PENALTY TWO PER 30 DAYS PAID	INTEREST ONE PER 30 DAYS PAID	INTEREST TWO PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT OF TIME/IN DA L PERIOD	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
11428	Std Telecom Alaska	28-Apr-88	-					30.00																		

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11428	Std Telecom Alaska	28-Apr-88	-					30.00																		

RAF  
P  
1

50.00
12.50
5.00
<u>67.50</u>

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11428	Std Telecom Alaska	28-Apr-88	-	11-31-88		1,882.34	20.00	28.00	347.47		88.38	01-30-87	0000													

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Total. \$67.50

REF#	COPY#	COMPANY	ISS	EXPIRES	RAP	NO	RAP & COLL FOR	CALL	RAP	POST	DEPOSIT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	AMOUNT	DATE	DATE	TRUE-UP	TRUE-UP
	CHRG	NAME	DATE	DATE	FORMED	RAP	INVESTMENT	AGENCY	INVESTMENT	DATE	NUMBER	PER DAY	PER DAY	PER DAY	DELINQNT	P & I	OF	PAID ON	PAID	TRU-UP	RECORDED	P & I

REF#	COPY#	COMPANY	ISS	EXPIRES	RAP	NO	RAP & COLL FOR	CALL	RAP	POST	DEPOSIT	PENALTY	INTEREST	INTEREST	DATE	DATE	DAYS	AMOUNT	DATE	DATE	TRUE-UP	TRUE-UP
	CHRG	NAME	DATE	DATE	FORMED	RAP	INVESTMENT	AGENCY	INVESTMENT	DATE	NUMBER	PER DAY	PER DAY	PER DAY	DELINQNT	P & I	OF	PAID ON	PAID	TRU-UP	RECORDED	P & I

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	CHRG	NAME	DATE	DATE	FORMED	RAP	INVESTMENT	AGENCY	INVESTMENT	DATE	NUMBER	PER DAY	PER DAY	PER DAY	DELINQNT	P & I	OF	PAID ON	PAID	TRU-UP	RECORDED	P & I

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so Postnet 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 want 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 629

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 Marcia Siddons

Thank you for using Return Receipt Service.