

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/29/98

Docket No. 981293-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 4593 Issued to Christopher Teipouras-Clark for 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>C. Teipouras-Clark</u> | _____ |
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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\BAR\MP\ESTDET.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

11110 OCT-8 88

FPSC-RECORDS/REPORTING



Public Service Commission

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

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

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

| COPY CODE | COMPANY NAME | REG DATE | INACTIVE DATE | RAF PERIOD BEGINS | "X" NO RAF PERIOD | REVENUE REPORT | REGULATORY ASSIGNMENT FEE | RAF PAYMENT & COLL FEE PAYMENT AMOUNT | RAF PAYMENT CHECKED | COLL AGENCY FEE | RAF DEPOSIT RECEIVED | POST BANK DATE | REPORT NUMBER | PENALTY DUE PERIOD DAYS PER DAY | PENALTY FEE | INTEREST DUE PERIOD DATE | INTEREST FEE | DATE DELINQUENT LETTER MAILED | DATE P & I LETTER MAILED | DAYS OF EXT | EXTENDED ACCOUNT C FEE/PER DA PER DA | EXT AMOUNT FEE "RAF" | DATE TIME-UP MAILED | TIME-UP AMOUNT RECEIVED "RAF" | TRUE-UP P & I RECEIVED | |
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| 1788 | Christopher Taylor | 78-Apr-88 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | | |

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| 1788 | Christopher Taylor | 78-Apr-88 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | | |

RAF - 50.00
P - 12.50
I - 5.00

67.50

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| 1788 | Christopher Taylor | 78-Apr-88 | | | | | | \$0.00 | | | | | | | | | | | | | | | | | | |

RAF = 50.00
P - 12.50
I - 11.00

73.50

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Total \$141.00

0470

| COPY CODE | COMPANY NAME | ISS DATE | EXACTISS DATE | RAF PERIOD BEGINS | RAF NO RAF PERIOD | RAF & COLL FEE PAYMENT AMOUNT | CALL AGENCY FEE | RAF (IN EXTENSION) RECEIVED | POST MARK DATE | DEPOSIT NUMBER | PRIORITY ONE PERIOD DATES | PRIORITY TWO PERIOD DATES | INTEREST ONE PERIOD DATE | INTEREST TWO PERIOD DATE | DAYS DELINQUENT LETTER SOLAR | DAYS P & I LETTER SOLAR | DAYS OF EXT | EXTENDED REPORT & PERIODS ON FILE ON DO | EXT AMOUNT PAID "RAF" | DATE TRAIL-UP SOLAR | TIME-UP AMOUNT RECEIVED "RAF" | TRAIL-UP P & I RECEIVED |
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Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete item 1 and/or 2 for additional services.
- Complete items 3a, 3b, 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.

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:

 59

4a. Article Number

4b. Service Type

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

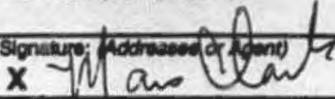
7. Date of Delivery

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 

Thank you for using Return Receipt Service.