REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date	10/12/98	Docket No. [8(350-(C
1.	Division Name/Staff Name Communicat	ons/isler
2.	OPR Communications/Isler	
3.	OCR Legal Services	
4.	Suggested Docket TitleCancellation	by Florida Public Service Commission of Pay Telephone Certificate
Numb	er 4634 Issued to Robert Browning fo	Violation of Rules 25-4,0161, F.A.C., Regulatory Assessment
Feer	; Telecommunications Companies	
5.	Suggested Bocket Mailing List (attach	separate sheet if necessary)
	on shown in Bula 25-22 104 F.A.C.	or all others. (<u>Match representatives to clients.</u>)
	1. Parties and their representative	es (if any)
Rol	pert Browning	
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	2. Interested Persons and their re	presentatives (if any)
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6.	Check one:XX_ Documentation is attack	ned.
	Documentation will be	provided with recommendation.
I:V	PSC\RAR\WP\ESTDKT.	
PSC,	/RAR 10 (Revised 01/96)	

DOCUMENT NUMBER-DATE
11388 OCT 138

FPSC-RECORDS/REPORTING

State of Florida



Public Service Commission

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

DATE: October 8th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 50

Paula, attached are fifty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays 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	TF676	21	TF755 -Kelly	41	TF842 - Kelly
2	TF679	22	TF757	42	TF846
3	TF680	23	TF763	43	TF848
4	TF682	24	TF768	44	TF850
5	TF688	25	TF769	45	TF856
6	TF692	26	TF774	46	TF862
7	TF698	27	TF775	47	TF870
8	TF699	28	TF777	48	TF882
9	TF700	29	TF799	49	TF888
10	TF701	30	TF802	50	TF891
11	TF718	31	TF807		
12	TF719	32	TF813		
13	TF726	33	TF814 - Kelly		
14	TF729	34	TF817		
15	TF736	35	TF820		
16	TF737	36	TF822		
17	TF738	37	TF828		
18	TF742	38	TF836		
19	TF748	39	TF837		
20	TE755	40	TF841		

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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 card to you. Attach this form to the front of the malipiece, or on the bad parmit. Write "Return Receipt Requested" on the malipiece below if "The Return Receipt will show to whom the article was delivered.	il space does not 1. Addressee's Address				
3. Article Addressed to:	4a. Article Number				
TF 699	4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchandse COD 7. Date of Delivery				
5. Received By: (Print Name) 6/ Signature: (Addresses or Agent) X	8. Addresse's Address (Only If requested and fee is paid)				
PS Form 3811, December 1994	m 3811, December 1994 102595-97-8-0179 Domestic Return Receipt				