REQUEST TO ESTABLISH DOCKET

	QUILLE TITE
Date 10/27/98	Bocket No. 981413-TC
1. Division Hemo/Staff Hemo_Co	munications/Islan
2. OPR Communications/Isler	
3. CCR Legal Services	
	Total and the second se
	cellation by Floride Public Service Commission of Pay Telephone Certificat
	rde for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment
Fees: Telecommunications Companie	
5. Suggested Docket Hailing List	(attach separate sheet if necessary)
se shown in Bule 25-22.104	ulated companies or ACRONYMS ONLY regulated industries, , F.A.C. address for all others. (<u>Match representatives to clients.</u>)
1. Parties and their repre	
Chris J. Corda	
4	
2. Interested Persons and	their representatives (if any)
6. Check one: XX_Documentation	is attached.
5,725,510	will be provided with recommendation.
I:\PSC\RAR\WP\ESTDKT.	

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER -DATE

State of Florida



Public Service Commission

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

DATE: October 20th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 80

Paula, attached are eighty 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	TF899	21	TF957 JE	41	TG010	61	TG086
2	TF906	22	TF957	42	TG013	62	TG087
3	TF910 -	23	TF964	43	TG016	63	TG089
4	√TF912	24	TF967	44	TG017	64	TG096
5	TF913-	25	TF968/	45	TG026	65	TG100 POP
6	√TF914	26	TF969	46	TG027/10045	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	1F920 NONE	28	TF972	48	TG031	68	TG109
9	TF92146NE	29	TF974	49	TG040	69	TG112'
10	TF923	30	TF980	50	TG046	70	TG114
11	1F924	31	TF982	51	TG048	71	TG117
12	7F927	32	TF985	52	TG049	72	TG119 '
13	1F928	33	TF986	53	TG050	73	TG123
14	VIF932/	34	TF987	54	TG054	74	TG127
15	TF933	35	TF990'	55	TG065	75	TG132
16	√TF937	36	TF991 10	56	TG073	76	TG139/
17	TF938 HONE	37	TF991	57	TG079	77	TG140 /
18	TF939	38	TF999	58	TG083	78	TG142
19	1F951	39	TG002/ 4	59	TG084*	79	TG146'
20	1F953	40	TG005thore	60	TG085	80	TG1467

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SENDER: a Complete items 1 and/or 2 for additional services. a Complete items 3, 4e, and 4b. a 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 malipiace, or on thillback if space does not permit. a Write "Return Receipt Requested" on the malipiace below the article number. The Return Receipt will show to whom the article was delivered and the date delivered. 3. Article Addressed to: [4e. Article No.		
4b. Service Register Express Return Re	Type ed Mail ceipt for liferchands	Certified Insured
8. Addresses's Address (Only if requested and fee is paid)		
	des does not ritiole number. I and the date 4a. Article for the date 4b. Service Register Express Return Ref. 7. Date of D. 8. Addresse	1. Address 1. Address 2. Restrict Consult postmes 4a. Article Number 4b. Service Type Registered Express Mail Return Receipt for Merchands 7. Date of Delivery 8. Addresses's Address (Only