

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 10/27/98

Docket No. 981436-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 5356 issued to H.T. Enterprises Group, Inc. d/b/a Harris & Co The Restaurant for Violation of Rules 25-6.0161, 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)

Marcy Brusino \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Interested Persons and their representatives (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Check one:  Documentation is attached.  
 Documentation will be provided with \_\_\_\_\_ amendment.



## Public Service Commission

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

DATE: October 20th, 1998  
 TO: Paula Isler  
 FROM: Jackie Knight *JN*  
 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 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	✓TF899	21	TF957	41	TG010	61	TG086
2	✓TF906	22	TF958 <i>NONE</i>	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 <i>NOTE</i>
6	✓TF914	26	TF969	46	TG027 <i>NONE</i>	66	TG104
7	✓TF918	27	TF970	47	TG029	67	TG107
8	✓TF920 <i>NONE</i>	28	TF972	48	TG031 ✓	68	TG109 <i>NOTE</i>
9	✓TF921 <i>NONE</i>	29	TF974	49	TG040	69	TG112 ✓
10	✓TF923	30	TF980 ✓	50	TG046	70	TG114
11	✓TF924 ✓	31	TF982	51	TG048 <i>NOTE</i>	71	TG117
12	✓TF927	32	TF985 ✓	52	TG049	72	TG119 ✓
13	✓TF928	33	TF986	53	TG050	73	TG123
14	✓TF932 ✓	34	TF987	54	TG054	74	TG127
15	✓TF933 ✓	35	TF990 ✓	55	TG065	75	TG132 ✓
16	✓TF937	36	TF991	56	TG073	76	TG139 ✓
17	✓TF938 <i>NONE</i>	37	TF995 <i>NONE</i>	57	TG079	77	TG140 ✓
18	✓TF939	38	TF999	58	TG083	78	TG142
19	✓TF951	39	TG002 ✓	59	TG084 ✓	79	TG146 ✓
20	✓TF953	40	TG005 <i>NONE</i>	60	TG085	80	TG150 <i>NOTE</i>

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

DATE	TIME	ACTIVITY	PERSONNEL	EQUIPMENT	STATUS	REMARKS	REPORTING OFFICER	DEPARTMENT	LOCATION	INCIDENT TYPE	FAULT TYPE	SAFETY HAZARD	PROPERTY DAMAGE	PERSONAL INJURY	OTHER DAMAGE	STATUS	REMARKS

DATE	TIME	ACTIVITY	PERSONNEL	EQUIPMENT	STATUS	REMARKS	REPORTING OFFICER	DEPARTMENT	LOCATION	INCIDENT TYPE	FAULT TYPE	SAFETY HAZARD	PROPERTY DAMAGE	PERSONAL INJURY	OTHER DAMAGE	STATUS	REMARKS

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4-50  
 P: 12:00  
 I: 3:50  
 67.50

DATE	TIME	ACTIVITY	PERSONNEL	EQUIPMENT	STATUS	REMARKS	REPORTING OFFICER	DEPARTMENT	LOCATION	INCIDENT TYPE	FAULT TYPE	SAFETY HAZARD	PROPERTY DAMAGE	PERSONAL INJURY	OTHER DAMAGE	STATUS	REMARKS

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Total: 67.50

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 multiple, or on the back if space does not permit.
- Write "Return Receipt Requested" on the multiple below the article number.
- The 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

TG054



Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

4a. Article Number

4b. Service Type

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

7. Date of Delivery

12-13

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

Thank you for using Return Receipt Services.