

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 10/27/98

Docket No. 981438-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 5381 Issued to Bestel, Inc. for Violation of Rules 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>David Corsair</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:

- Documentation is attached.
- Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

12058 OCT 28 98

FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: October 20th, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JK*
 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>NONE</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>NONE</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>NONE</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>NONE</i>

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

COMPY CODE	COMPY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO RETURN RECEIVED)	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS 25% MAX	INTEREST DUE 15/30 DAYS	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXT AMOUNT 75%/15 DA PAID 15%/30 DA	EXT AMOUNT PAID	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED	TRUE-UP P A I RECEIVED	
TG079	Baskin, Inc.	18-JA-97						\$0.00																	

RAF 98

COMPY CODE	COMPY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO RETURN RECEIVED)	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS 25% MAX	INTEREST DUE 15/30 DAYS	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXT AMOUNT 75%/15 DA PAID 15%/30 DA	EXT AMOUNT PAID	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED	TRUE-UP P A I RECEIVED	
TG079	Baskin, Inc.	18-JA-97						\$0.00																	

RAF 98

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TG079	Baskin, Inc.	18-JA-97						\$0.00																	

RAF 97

*Rp-12.50
I = 67.50*

COMPY CODE	COMPY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO RETURN RECEIVED)	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS 25% MAX	INTEREST DUE 15/30 DAYS	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXT AMOUNT 75%/15 DA PAID 15%/30 DA	EXT AMOUNT PAID	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED	TRUE-UP P A I RECEIVED	
TG079	Baskin, Inc.	18-JA-97						\$0.00																	

RAF 96

COMPY CODE	COMPY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO RETURN RECEIVED)	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 90/90 DAYS 25% MAX	INTEREST DUE 15/30 DAYS	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXT AMOUNT 75%/15 DA PAID 15%/30 DA	EXT AMOUNT PAID	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED	TRUE-UP P A I RECEIVED	
TG079	Baskin, Inc.	18-JA-97						\$0.00																	

RAF 96

COMPY CODE	COMPY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	POST MARK DATE	DEPOSIT NUMBER	INTEREST DUE 15/30 DAYS	INTEREST PAID	DATE DELINQ LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXT AMOUNT 75%/15 DA PAID 15%/30 DA	EXT AMOUNT PAID	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED	TRUE-UP P A I RECEIVED						
TG079	Baskin, Inc.	18-JA-97																							

RAF 94

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 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 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:

TG079

4a. Article Number

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Certified
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured
<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> COD

7. Date of Delivery

12/13/97

5. Received By: (Print Name)

Julie Watkins

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

6. Signature: (Addressee or Agent)

X Julie Watkins

Thank you for using Return Receipt Service.