REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Darton on 981447-TC

Date 10/2//96	bother m. The transfer
1. Division Name/Staff NameCommunications/Isle	<u> </u>
2. OPR Communications/Islar	
3. OCR Legal Services	
4. Suggested Docket TitleCancellation by Flor	ida Public Service Commission of Pay Telephone Certificate
Number 5391 Issued to Aleiendro Vezquez for Violeti	on 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 CHLY for regulated companies as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all o	
1. Parties and their representatives (if any	
Alejandro Vazquez	
22 12 2	50 - 01
2. Interested Persons and their representat	ives (if any)
	PS- 1/1
	[200] [100]
	520 1
6. Check one: XX Documentation is attached.	
Documentation will be provided	with recommendation.

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PSC/RAR 10 (Revised 01/96)

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 16	41	TG010	61	TG086
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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 FO
6	TF914	26	TF969	46	TG027	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	TF920 NONE	28	TF972	48	TG031	68	TG107
9	TF9214CNE	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	TF928	33	TF986	53	TG050	73	TG123
14	VTF932	34	TF987	54	TG054	74	TG127
15	TF933	35	TF990'	55	TG065	75	TG132
16	VTF937	36	TF991	56	TG073	76	TG139/
17	TF938 NONE	37	TF991	57	TG079	77	TG140 /
18	TF939	38	TF999	58	TG083	78	TG142
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WComplete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this for card to you. Adach this form to the front of the malpiece, or on the permit. Write "Return Receipt Requested" on the malipiece bell. The Return Receipt will show to whom the article was a delivered.	back if space tions not	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:	4a. Article I	Number	
16089	4b. Service Type Registered Certified Express Mail Insured Return Focipt for Merchandise COD 7. Date of Delivery		
Received By: (Print Name) Signature: (Addresses or Agent)	8. Addresse and fee is	ne's Address (Only II requested s paid)	
PS Form 3811, December 1994		5-95 Domestic Return Receipt	