## REQUEST TO ESTABLISH DOCKET

	acille To
Date 10/27/98	Docket No. 981448-TC
1. Division Name/Staff Name_Commun	fications/Isler
2. OPR Communications/Isler	
3. OCR Legal Services	
	ation by Florida Public Service Commission of Pay Telephone Certificate
Number 5408 Issued to Jewel E. Leval	for Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees;
Telecommunications Companies	
5. Suggested Docket Heiling List (et	tach separate sheet if necessary)
A. Provide NAMES ONLY for regulat	ed compenies or ACRONYMS CMLY regulated industries,
as shown in Rule 25-22.104, F. B. Provide COMPLETE name and addr	A.C. ess for all others. (Match representatives to clients.)
1. Parties and their represent	atives (if any)
Jewel E. Levai	
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Jan M	
2. Interested Persons and thei	r representatives (if any)
6. Check one: _XX_Documentation is a	sttached.
	be provided with recommendation.
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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 16	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 FOR
6	TF914	26	TF969	46	TG027	66	TG104
7	√1F918	27	TF970	47	TG029	67	TG107
8	TF920 "	28	TF972	48	TG031	68	TG107
9	TF9214CNE	29	TF974	49	TG040	69	TG112
10	TF923	30	TF980	50	TG046	70	TG114
11	TF924	31	TF982	51	TG048	71	TG117
12	7F927	32	TF985'	52	TG049	72	TG119
13	TF928	33	TF986	53	TG050	73	TG123
14	VIF932	34	TF987	54	TG054	74	TG127
15	'IF933'	35	TF990'	55	TG065	75	TG132
16	TF937	36	TF995	56	TG073	76	TG139/
17	1F938 NONE	37	TF995	57	TG079	77	TG140 /
18	TF939	38	TF999	58	TG083	78	TG142
19	1F951	39	TG002/ .4	59	TG084*	79	TG146'
20	TF953	40	TG005receio	60	TG085	80	TG150 A

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SENDER:  «Complete items 1 and/or 2 for additional services.  «Complete items 3, 4e, and 4b.  »Print your name and address on the reverse of this form so that card to you.  Attach this form to the front of the malipiece, or on the back if a permit.  «Write-"Return Receipt Requested" on the malipiece below the a "The Return Receipt will show to whom the article was delivered delivered.	page does 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 Number		
TGIOTOLONIALOS		ed Certified Mail Insured sceipt for Merchandise COD	
50 13/0 [8]	7. Date of D	13-97	
5. Received By: (Print Name) 32803 6. Signature: (Addressed or Addressed)	Addressee's Address (Only if requested and fee is paid)		
X 2 PS Form 3811, Décember 1994	102595-97-8-0179	Domestic Return Receipt	