REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date10/27/98	Docket No. 981449-1C
1. Division Name/Staff Name Communications/Isler	
2. OPR Communications/Isler	
3. OCR Legal Services	
	a Public Service Commission of Pay Telephone Certificate
	sc. for Violation of Rules 25-4,0161, F.A.C., Regulatory
Assessment Fees; Telecommunications Companies	
5. Suggested Docket Mailing List (attach separate s	heet if necessary)
A. Provide NAMES ONLY for regulated companies or as shown in Rule 25-22.104, F.A.C.	
 Provide COMPLETE name and address for all oth Parties and their representatives (if any) 	
Elizabeth Gonzalez	
2. Interested Persons and their representative	ves (if any)
6. Check one: XX Documentation is attached.	
Documentation will be provided wi	th recommendation.
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PSC/RAR 10 (Revised 01/96)	75 340 1

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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 Jr

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	41	TG010	61	TG086
2	-TF906	22	TF958	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
6	*TF914	26	TF969	46	TG027	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	1F920 ~*	28	TF972	48	TG031	68	TG109
9	TF9214666	29	TF974	49	TG040	69	TG112
10	-TF923	30	TF980	50	TG046	70	TG114
11	TF924	31	TF982	51	TG048	71	TG117
12	TF927	32	TF985	52	TG049	72	TG119
13	7F928	33	TF986	53	TG050	73	TG123
14	VTF932	34	TF987	54	TG054	74	TG127
15	TF933	35	TF990'	55	TG065	75	TG132
16	AF027	36		56	TG073	76	TG139
17	TF938 PENE	37	TF991	57	TG079	77	TG140 '
18	TF939	38	TF999	58	TG083	78	
19	TF951	39	TG002/	59	TG084		TG142
20	TF953	40	TG005	60	TG085	79 80	TG146'
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Complete tems 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this card to you. Attach this form to the front of the mailpiece, or on permit. Write *Featurn Receipt Requested* on the mailpiece The Return Receipt will show to whom the article will delivered. 3. Article Addressed to:	form so that we can return this folic 6xtr the back if space does not 1. below the article number. sa delivered and the date 2.	io wish to receive the owing services (for an a fee): Addressee's Address Restricted Delivery suit postmaster for fee.
TG114	48. Article Number 4b. Service Type Registered Express Mail	Certified
5. Received By: (Print Name) 5. Segnature: (Abdressee or Agent) S. Form 3811, December 1994	7. Date of Delivery 2-/3-7 B. 'Addressee's Add and fee is paid)	7 tress (Only if requested