

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 11/13/98

Docket No. 981606-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 5510 issued to Victor Budron for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees: Telecommunications Companies

5. Suggested Docket Hearing 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>Victor Budron</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Check one:

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

I:\PSC\RAR\MP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

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FPSC-RECORDS/REPORTING

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Is your RETURN ADDRESS completed on the reverse side?

SENDERS

- 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 follow (with extra fee):

- 1. Add
 - 2. Post
- Consult post

3. Article Addressed to:

TG 197

4a. Article Number

4b. Service Type

- Registered
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

12-15

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X A.T.L