

TJ 175

REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 11/19/98

Docket No. 981679-TJ

1. Division Name/Staff Name Communications/Isler

2. OPE Communications/Isler

3. OCR Legal Services

4. Suggested Docket Title Cancellation by Florida Public Service Commission of Post-Telephone Certificate Number 3476 Issued to Sprint Telecommunications, Inc. for Violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Form: Telecommunications Companies IKC

5. Suggested Docket Meeting 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>Louis E. Marraco</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

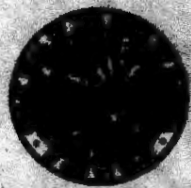
6. Check one:

Documentation is attached.

Documentation will be provided with recommendation.

I:\PSC\RAR\MP\ESTDOKT.
 PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
13209 NOV 23 98
 FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: November 5th, 1998
 TO: Paula Isler
 FROM: Jackie Knight JK
 RE: RAF non payments - Second set of 80

Paula, attached are eighty communication companies (second 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 November is \$5.50 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	TG157	21	TI036	41	TI260	61	TI426
2	TG172	22	TI038	42	TI266	62	TI430
3	TG173	23	TI049	43	TI269	63	TI444
4	TG174	24	TI083	44	TI273	64	TI446
5	TG177	25	TI091	45	TI295	65	TI461
6	TG182	26	TI114	46	TI301	66	TI464
7	TG192	27	TI115	47	TI304	67	TI471
8	TG197	28	TI124	48	TI311	68	TI473
9	TG198	29	TI154	49	TI314	69	TI479
10	TG200	30	TI155	50	TI316	70	TI497
11	TG201	31	TI164	51	TI338	71	TI514
12	TG205	32	TI175	52	TI341	72	TI524
13	TG206	33	TI200	53	TI342	73	TI541
14	TG207	34	TI218	54	TI349	74	TI546
15	TG209	35	TI223	55	TI353	75	TI548
16	TG216	36	TI240	56	TI354	76	TI555
17	TG220	37	TI245	57	TI357	77	TI560
18	TG253	38	TI248	58	TI371	78	TI564
19	TI030	39	TI251	59	TI384	79	TI569
20	TI033	40	TI259	60	TI422	80	TI570

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

DATE	DESCRIPTION	AMOUNT	CHECK NO.	PAID BY	PAID TO	ACCOUNT	INITIALS	REMARKS	DATE PAID	DATE DUE	INTEREST	TOTAL PAID	TOTAL DUE	BALANCE	STATUS	RECEIPT NO.	RECEIPT DATE	RECEIPT AMOUNT	RECEIPT BALANCE	

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RA1 = 50
 P = 12.50
 I = $\frac{5.50}{68.50}$

DATE	DESCRIPTION	AMOUNT	CHECK NO.	PAID BY	PAID TO	ACCOUNT	INITIALS	REMARKS	DATE PAID	DATE DUE	INTEREST	TOTAL PAID	TOTAL DUE	BALANCE	STATUS	RECEIPT NO.	RECEIPT DATE	RECEIPT AMOUNT	RECEIPT BALANCE	

P = 10.00
 I = $\frac{2.00}{12.00}$

DATE	DESCRIPTION	AMOUNT	CHECK NO.	PAID BY	PAID TO	ACCOUNT	INITIALS	REMARKS	DATE PAID	DATE DUE	INTEREST	TOTAL PAID	TOTAL DUE	BALANCE	STATUS	RECEIPT NO.	RECEIPT DATE	RECEIPT AMOUNT	RECEIPT BALANCE	

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Total = \$80.00

In your RETURN ADDRESS completed on the reverse of

- Complete items 3, 4a, 4b, 5, 6, 7, 8, and 9 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.

- following services (for an extra charge)
- Addressee's Address
 - Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to:

T1175

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)

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

6. Signature: (Addressee or Agent)

X *Deliana Garcia-Rivera*

Thank you for using the Return Receipt Service.