

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date March 5, 1999

Docket No. 990277-TI

1. Division Name/Staff Name Communications/Isler
2. UPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Request for Cancellation of IXC Certificate No. 2496 by London Communications, Inc., Effective 12/21/98

5. Suggested Docket Mailing 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>Richard P. Kebert</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:

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

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
02967 MAR-89
FPSC-RECORDS/REPORTING

Interexchange Company Regulatory Assessment Fee Return

STATUS:

Actual Return _____
Estimated Return _____

Florida Public Service Commission

(See Filing Instructions on Back of Form)

TI961 DEC 21 1 53 PM '98
London Communications, Inc.
% PhoneTel Technologies, Inc.
1001 Lakeside Avenue, 7th Floor
Cleveland, OH 44114

FOR PSC USE ONLY

Check# _____

\$ _____ 0603001
\$ _____ 003001
\$ _____ P
\$ _____ 0603001
\$ _____ 004011

Postmark Date _____
Initials of Preparer _____

PERIOD COVERED:

01/01/1998 TO
12/31/1998

Please Complete Below If Official Mailing Address Has Changed

(Name of Company) _____ (Address) _____ (City/State) _____ (Zip) _____

LINE NO.	ACCOUNT CLASSIFICATION	GROSS OPERATING REVENUE	INTRASTATE REVENUE
1	Long Distance Services	\$ _____	\$ _____
2	Access Services	_____	_____
3	Private Line Services	_____	_____
4	Leased Facilities & Circuits Services	_____	_____
5	Miscellaneous Services	_____	_____
6	TOTAL Telephone Services	\$ _____	\$ _____
7	LESS: Amounts Paid For Services To Local Telephone Companies* (Attach Listing)	(_____)	(_____)
8	TOTAL REVENUES For Regulatory Assessment Fee Calculation	_____	_____
9	Regulatory Assessment Fee Due (Multiply Line 8 by 0.0015)	_____	_____
10	Penalty for Late Payment	_____	_____
11	Interest for Late Payment	_____	_____
12	TOTAL AMOUNT DUE	_____	\$ _____

*Each amount paid by an interexchange telecommunications company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the interexchange telecommunications company.

AS PROVIDED IN SECTION 364.336, FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

LONDON COMMUNICATIONS, INC. MERGED INTO PHONETEL TECHNOLOGIES, INC. PRIOR TO 12/97

CURRENT COMPANY STATUS PHONETEL WILL FILE RETURN ONLY.

() Facilities-Based Carrier () Reseller () Call Aggregator
() Alternate-Operator Service () Rebiller () Other: _____

BILLING INFORMATION

Complete below if billing agent if other than yourself.

(Name) _____ (Address: City/State/Zip) _____
(Telephone) _____

What is the total amount of customer deposits collected?
Amount: \$ _____ for 19 _____

What is the total amount of bond held (if applicable)?
Amount: \$ _____ Expires: _____

COMPANY INFORMATION

Do you lease telecommunications' facilities? () YES () NO
If YES, who do you lease these facilities from? Name: _____

Address: _____

RECEIVED

MAR 04 1999

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree.

(Signature of Company Official) _____ (Title) _____ (Date) _____
(Please Print Name) _____ Telephone Number () _____ Fax Number () _____
F.E.I. No. _____