REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date MARCH 23, 1999

Docket No. 990373-TP

1. **Division Name/Staff Name** COMMUNICATIONS/ILERI

2. **OPR** LEG/McKINNEY

3. **OCR**

4. **Suggested Docket Title** ESTABLISHMENT OF A STATEWIDE EMERGENCY AREA CODE RELIEF PLAN

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)

   ALL CARRIERS (ILECs, ALECs, IXCs, WIRELESS, etc.)

   2. Interested Persons and their representatives (if any)

6. **Check one:**

   ____ Documentation is attached.

   XX Documentation will be provided with the recommendation.

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PSC/RAR 10 (Revised 01/96)