## REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

| Date: <u>January 20, 2000</u>                                                                                                | Docket No. 000075-1P |
|------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                                                                                                                              |                      |
| 1. Division Name/Staff Name:CMU/Anne Marsh                                                                                   |                      |
| 2. OPR:                                                                                                                      |                      |
| 3. OCR:CMU                                                                                                                   |                      |
|                                                                                                                              |                      |
| 4. Suggested Docket Title: <u>Investigation into appropriate methods to compensate carriers for exchange</u>                 |                      |
| of traffic subject to Section 251 of the Telecommunications Act of 1996                                                      |                      |
|                                                                                                                              |                      |
|                                                                                                                              |                      |
| 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)                                                                                |                      |
| the same and the separation (if any)                                                                                         |                      |
| LECs                                                                                                                         |                      |
| ALECs                                                                                                                        |                      |
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| 2. Interested Persons and their representatives (if any)                                                                     |                      |
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| 6. Check one:                                                                                                                |                      |
| Documentation is attached.                                                                                                   |                      |
| XX Documentation will be provided with the recommendation.                                                                   |                      |

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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

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