

July 11, 2000

ORIGINAL

Ms. Toni J. McCoy  
Florida Public Service Commission  
Division of Regulatory Oversight  
Capital Circle Office Center  
2540 Shumard Boulevard  
Tallahassee, Florida 32399-0850

000818-TC

RE: Frontier Communications of the South, Inc.

Dear Ms. McCoy:

Enclosed please find an original and two (2) copies of the Applicant Acknowledgment to the Application for a Certificate to Provide Pay Telephone Service within the State of Florida for the above-referenced corporation.

Should you have any questions concerning this application, do not hesitate to contact Christine Burke at (716) 777-6719. Thank you.

Respectfully submitted,



Mary A. Mastin  
Sr. Regulatory Analyst  
Frontier Telephone Group

APP \_\_\_\_\_  
CAF \_\_\_\_\_ Encl.  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
CTR \_\_\_\_\_ cc: Christine Burke  
ECR \_\_\_\_\_  
LEG \_\_\_\_\_  
OPC \_\_\_\_\_  
PAI \_\_\_\_\_  
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Florida Public Service Commission  
Division of Regulatory Oversight

FPSC-RECORDS/REPORTING



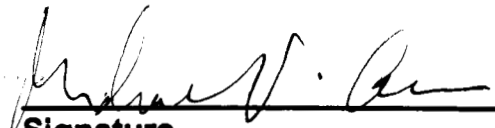
**\*\*APPLICANT ACKNOWLEDGMENT\*\***

**Applicant:** Frontier Communications of the South, Inc.

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***I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.***

Michael T. Carr  
**Print Name**

  
**Signature**

Assistant Treasurer  
**Title**

July 10, 2000  
**Date**

716-777-6769  
**Telephone No.**

716-325-1355  
**Fax No.**

**Address:** 180 S. Clinton Avenue  
Rochester, New York 14646-0400

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**THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.**

**\*\*ACKNOWLEDGMENT\*\***

By my signature below, I, the undersigned owner/officer, have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

Further, I am aware that, pursuant to Chapter 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 official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

**UTILITY OFFICIAL:**

Michael T. Carr  
**Print Name**

  
**Signature**

Assistant Treasurer  
**Title**

July 5, 2000  
**Date**

716-777-6769  
**Telephone No.**

716-325-1355  
**Fax No.**

**Address:** 180 S. Clinton Avenue  
Rochester, New York 14646-0400

STATE OF FLORIDA

Commissioners:  
J. TERRY DEASON, CHAIRMAN  
SUSAN F. CLARK  
E. LEON JACOBS, JR.  
LILA A. JABER



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

July 7, 2000

Mary A. Mastin, Sr. Regulatory Analyst  
Frontier Telephone of Rochester, Inc.  
180 South Clinton Avenue  
Rochester, New York 14646

Re: Docket No. 000818-TC

Dear Ms. Mastin:

This will acknowledge receipt of an application for certificate to provide pay telephone service by Frontier Communications of the South, Inc., which was filed in this office on July 6, 2000, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please make notes as well that Commission Rule 25-22.005(7), F.A.C., requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this rule by advising us of any changes as they occur.

Division of Records and Reporting  
Florida Public Service Commission

