

**ORIGINAL**

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

Date	October 22, 2002	Docket No.	021071-TC
1. Division Name/Staff Name:		Division of Competitive Markets & Enforcement/Isler	
2. OPR: Division of Competitive Markets & Enforcement/Isler			
3. OCR: Office of the General Counsel			
4. Suggested Docket Title: Cancellation by Florida Public Service Commission of PATS Certificate No. 1697 issued to Lyndon C. Scherr for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.			
5. Suggested Docket Mailing List (attach separate sheet if necessary)			
A. Provide NAMES OR ACRONYMS ONLY if a regulated company.			
B. Provide COMPLETE NAME AND ADDRESS for all others. (Match representatives to companies.)			
1. Parties and their representatives (if any):			
2. Interested persons and their representatives (if any):			
6. Check one:			
<input checked="" type="checkbox"/> Documentation is attached.			
<input type="checkbox"/> Documentation will be provided with recommendation.			
PSC\CCA010-C (Rev 10/01)			

DOCUMENT NUMBER DATE  
11526 OCT 23 02  
FPSC-COMMISSION CLERK

**Paula Isler**

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**From:** Paula Isler  
**Sent:** Wednesday, September 04, 2002 2:19 PM  
**To:** 'EXDIRFLUSSSA@aol.com'  
**Subject:** Your Payphone certificate (TD566)

Dear Mr. Scherr:

I've received your August 21 letter requesting cancellation, along with payment of the 2001 Regulatory Assessment Fee and penalty and interest. The only other thing is your intent and date to pay the 2002 Regulatory Assessment Fee. The 2002 Regulatory Assessment Fee form will be mailed mid-December and become due by January 30, 2003. Instead of sending another check for the \$50 minimum right now, you can just send a statement that it is your intention to pay the 2002 fee by the due date of January 30, 2003.

Once that is received, we will go forward with the voluntary cancellation. Let me know if you have any questions. Thanks.

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850  
(850) 413-6502-phone  
(850) 413-6503-fax

**Della Fordham**

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**From:** Rnettles@psc.state.fl.us  
**Sent:** Thursday, August 29, 2002 11:21 AM  
**To:** DFORDHAM@psc.state.fl.us; SHOWARD@psc.state.fl.us;  
CCRAIG@psc.state.fl.us; LGIVENS@psc.state.fl.us  
**Subject:** New filing in undocketed matter

DOCUMENT DESCRIPTION = CCA/Fiscal - Copy of payment record from Lyndon C. Scherr (TD566) for 2001 RAFs with P/I, Deposit D247 dated 8/27/02; with notification of cancellation of certificate.

DOCUMENT PATH =  
file://L:\PSC\LIBRARY\FILINGS\02\09036-02

Document ID = 09036-02  
Document Filed 08/27/02

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The filing described above is now available in PDF format, and may also be available in WordPerfect or other formats.

To access it, click on the DOCUMENT PATH link. This will pop up a Windows Explorer window. You will see the PDF (Adobe Acrobat) version; you will also see other versions if they exist. Double-click on the preferred version and the document will open.

If you need to cut/paste/search in the document and find you can't, try later when the reformatted version is available. (For more information, see PDF Tips on the How To menu.)

You can also go to the docket in CMS by triple-clicking on the DOCKET NUMBER, typing ctrl-C to copy, and using the paste icon to paste the docket number into the query line in CMS.

This is an automatically generated e-mail; no response/reply is necessary.

P. Isler  
CCA

August 21, 2002

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, Florida  
32399-0850

TD566

DISTRIBUTION CENTER  
02 AUG 26 AM 9:08

CK1234  
\$50.00-R  
12.50-P  
3.50-I  
8/22/02  
MC

Dear Paula Isler,

SUBJECT: REGULATORY ASSESMENT FEE

Payphone Certificate No. 1697 (TD566). Enclosed please find check for \$66.00 for the 2001 Assessment fee, and accept this letter as notification that I wish to cancel this certificate. If there are any other, items or fees that must be sent in, please contact me.

Sincerely,

DEPOSIT                      DATE  
D247                      AUG 27 2002

Lyndon C. Scherr

2002 AUG 28 AM 11:08  
DIVISION OF  
COMPETITIVE SERVICES

TRANSMISSION VERIFICATION REPORT

TIME : 07/18/2002 10:26  
NAME :  
FAX :  
TEL :

DATE, TIME	07/18 10:26
FAX NO./NAME	618634272396
DURATION	00:00:45
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

*faxed  
1) cover sheet (2 pgs)*

July 18, 2002

**STATE OF FLORIDA**



**PUBLIC SERVICE COMMISSION**

**2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FL 32399-0850**

**TO:**

Lyndon C. Scherr

VOICE: 863-427-2666

FAX: 863-427-2396

**FROM:**

Paula Isler

Voice: (850) 413-6502

Fax: (850) 413-6503

**RE:**

Payphone Certificate No. 1697  
(TD566)

Dear Mr. Scherr:

On May 28, I wrote you and explained that the 2001 Regulatory Assessment Fee had not been paid and that in order to avoid a docket being opened for this rule violation, you needed to pay the fee by June 18.

On May 30, you e-mailed me and explained that you had closed your business in December 2000 and notified the PSC by phone and letter. You also stated you paid the fee in January 2002 and that you want your certificate cancelled.

On May 31, I responded by e-mail and explained that we have no record of your request for cancellation nor record of payment in January 2002. I asked for a copy of your letter and the front and back of your cancelled check. As of this date, that information has not been received.

Mr. Lyndon C. Scherr

July 18, 2002

Page 2

I will temporarily hold off establishing a docket until August 15, 2002. If I have not received a copy of your previous letter requesting cancellation and the front and back of your cancelled check by that date, I will have no choice but to open a docket to cancel your certificate involuntarily.

If you cannot provide a copy of the above, you may, of course, choose to pay the 2001 fee (\$65.50 if paid by July 29, 2002 or \$66.00 if paid between July 30 and August 28, 2002), plus either pay the 2002 fee (\$50.00) or provide a date certain it will be paid.

If your certificate is involuntarily cancelled, the unpaid fees, including statutory penalty and interest charges, will be turned over to collections.

Let me know if you have any questions. Thanks,

Paula Isler  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

## Paula Isler

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**From:** Paula Isler  
**Sent:** Friday, May 31, 2002 9:10 AM  
**To:** 'EXDIRFLUSSSA@aol.com'  
**Subject:** RE: RAF for TD566

Dear Mr. Scherr: We have no record of a written request for cancellation. Can you provide me with a copy? In addition, we have no record of receiving a payment from you in January 2002. Stamped on the back of every check is a deposit number and a date that it was deposited by the PSC. Please provide that information to me so that I can research this and find out what has happened. Our records show that the 2001 RAF has not been paid. Thanks.

Paula Isler

-----Original Message-----

**From:** EXDIRFLUSSSA@aol.com [mailto:EXDIRFLUSSSA@aol.com]  
**Sent:** Thursday, May 30, 2002 10:02 PM  
**To:** pisler@psc.state.fl.us  
**Subject:** RAF for TD566

Ms. Isler,

In December of 2000 I closed by payphone business, I contacted the P.S.C. by letter and by phone. I paid the RAF in January of 2002 and I felt that my commitment to the State was complete. I again called your office after receiving your notice, I spoke with a gentleman and he said that he would take care of this matter. I have not done any payphone work, or collected any monies from payphones in the past three years.

Please inform me that my certificate is now cancelled...and what has to still be done.

Thank You,

Lyndon Scherr  
210 Rock Springs Dr.  
Kissimmee, Fl. 34759  
863-427-2666 (H)  
863-427-2396 (F)  
exdirflusssa @ aol.com



STATE OF FLORIDA

COMMISSIONERS:  
LILA A. JABER, CHAIRMAN  
J. TERRY DEASON  
BRAULIO L. BAEZ  
MICHAEL A. PALECKI  
RUDOLPH "RUDY" BRADLEY



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
WALTER D'HAESELEER  
DIRECTOR  
(850) 413-6600

## Public Service Commission

May 28, 2002

Mr. Lyndon C. Scherr (TD566)  
210 Rock Springs Drive  
Kissimmee, FL 34759-3756

Dear Mr. Scherr:

The Regulatory Assessment Fee (RAF) is due by January 30<sup>th</sup> of each year for the preceding calendar year. For certificate holders, the RAF is owed even if a telecommunications company may not have started operations or had any revenues. If payment is made after the due date, then statutory penalty and interest charges are applicable.

Our records show the 2001 RAF return notice was mailed December 12, 2001, and a delinquent notice was mailed February 20, 2002. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2001 RAF return form is enclosed.

If full payment, including penalty and interest charges, along with the RAF return form, are not received by June 18, 2002, it is my intention to establish a docket and recommend that the Commission fine your company \$500 or cancel your certificate. Please note that once a docket has been established, **just paying the delinquent RAF amount will not prevent your certificate from being cancelled.**

If you wish to cancel your certificate voluntarily and leave in good standing with the Commission, your company should pay the past due amount in full, complete the 2001 RAF return form, either pay the 2002 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.514, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to the Comptroller's Office for collection if the Commission cancels a company's certificate on its own motion (involuntary cancellations).

Mr. Lyndon C. Scherr (TD566)  
Page 2  
May 28, 2002

If you have any questions, please contact me at (850) 413-6502-voice, (850) 413-6503-fax,  
at the address below, or via internet e-mail at [pisler@psc.state.fl.us](mailto:pisler@psc.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Paula J. Isler".

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

# Pay Telephone Service Provider Regulatory Assessment Fee Return

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:  
01/01/2001 TO 12/31/2001

## Florida Public Service Commission

(See Filing Instructions on Back of Form)

TD566-01-0-R  
 Lyndon C. Scherr  
 210 Rock Springs Drive  
 Kissimmee, FL 34759-3756  
 cc: P. Isler

Please Complete Below If Official Mailing Address Has Changed

**FOR PSC USE ONLY**

Check# \_\_\_\_\_

\$ \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 003001

\$ \_\_\_\_\_ P  
 \_\_\_\_\_ 0603002  
 \_\_\_\_\_ 004011

\$ \_\_\_\_\_ 1

Postmark Date \_\_\_\_\_

Initials of Preparer \_\_\_\_\_

\_\_\_\_\_  
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue (Florida)	\$ _____
2.	Gross Intrastate Revenue	_____
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	( _____ )
4.	<b>TOTAL REVENUES for Regulatory Assessment Fee Calculation</b> (Line 2 less Line 3)	\$ _____
5.	Regulatory Assessment Fee Due – (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____
8.	<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

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

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return \_\_\_\_\_

\* These amounts must be intrastate only and must be verifiable.

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 official duty shall be guilty of a misdemeanor of the second degree.

\_\_\_\_\_  
 (Signature of Company Official) (Title) (Date)

\_\_\_\_\_  
 (Preparer of Form - Please Print Name) Telephone Number ( ) Fax Number ( )

F.E.I. No. \_\_\_\_\_

**25-24.514 Cancellation of a Certificate.**

- (1) The Commission may cancel a company's certificate for any of the following reasons:
- (a) Violation of the terms and conditions under which the authority was originally granted;
  - (b) Violation of Commission rules or orders;
  - (c) Violation of Florida Statutes; or,
  - (d) Failure to provide service for a period of six (6) months.

(2) If a certificated company desires to cancel its certificate, it shall request cancellation from the Commission in writing and shall provide the following with its request.

- (a) Statement of intent and date to pay Regulatory Assessment Fee.
- (b) Statement of why the certificate is proposed to be cancelled.

(3) Cancellation of a certificate shall be ordered subject to the holder providing the information required by subsection (2).

Specific Authority 350.127(2) FS.

Law Implemented 350.113, 350.127(1), 364.03, 364.285, 364.337, 364.345 FS.

History--New 1-5-87.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TD566 Lyndon C. Scherr  
210 Rock Springs Drive  
Kissimmee, Florida 34759-3756

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
BARBARA SCHERR	NOV 14 1998
C. Signature	<input type="checkbox"/> Agent
X Barbara Scherr	<input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1?	<input type="checkbox"/> Yes
If YES, enter delivery address below:	<input checked="" type="checkbox"/> No

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

7001 2510 0007 6218 4578 FSS