

**REQUEST TO ESTABLISH DOCKET**

(Please Type)

Date: 8/12/2004

Docket No.: 04-0846-TX

1. Division Name/Staff Name: Division Of Competitive Markets & Enforcement/Isler

2. OPR: Division Of Competitive Markets & Enforcement

3. OCR: Office Of The General Counsel

4. Suggested Docket Title: Compliance Investigation Of Public Telephone Network, Inc. For Apparent Violation Of Rule

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:

Documentation is attached.

Documentation will be provided with recommendation.

DOCUMENT NUMBER-DATE

08783 AUG 12 3

STATE OF FLORIDA

COMMISSIONERS:  
BRAULIO L. BAEZ, CHAIRMAN  
J. TERRY DEASON  
LILA A. JABER  
RUDOLPH "RUDY" BRADLEY  
CHARLES M. DAVIDSON



DIVISION OF COMPETITIVE MARKETS &  
ENFORCEMENT  
BETH W. SALAK  
DIRECTOR  
(850) 413-6600

## Public Service Commission

May 7, 2004

Mr. Garth Reeves, President  
Public Telephone Network, Inc. (TX236)  
900 NW 54<sup>th</sup> Street  
Miami, FL 33127-1818

Dear Mr. Reeves:

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. Since payment has not been made, statutory penalty and interest charges are now applicable.

Our records show that the 2003 RAF return notice was mailed on December 12, 2003, and a delinquent notice was mailed on February 20, 2004. As of this date, our records do not show receipt of the RAF return or payment. A copy of the 2003 RAF return form is enclosed. If full payment, including penalty and interest charges, along with the RAF return form, are not received by May 28, 2004, a docket may be established. Since this will be the second time a docket is established for the same rule violation, staff intends to recommend that your company be fined or its certificate cancelled if you do not respond. 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 2003 RAF return form, either pay the 2004 RAF or provide a date certain it will be paid, and comply with the requirements of Rule 25-24.820, Florida Administrative Code, copy enclosed. Any unpaid RAFs, including penalty and interest charges, are turned over to collections. When returning payment and a copy of the completed 2003 Regulatory Assessment Fee return form, please use the enclosed blue envelope, which will insure prompt processing.

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

Sincerely,

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

Paula J. Isler, Research Assistant  
Bureau of Service Quality

Enclosures

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

An Affirmative Action / Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

# Competitive Local Exchange Company Regulatory Assessment Fee Return

STATUS:

Florida Public Service Commission  
(See Filing Instructions on Back of Form)

- Actual Return
- Estimated Return
- Amended Return

TX236-03-0-R  
Public Telephone Network, Inc.  
900 N. W. 54th Street  
Miami, FL 33127-1818  
  
cc: P. Isler

**PERIOD COVERED:**  
01/01/2003 TO 12/31/2003

FOR PSC USE ONLY	
Check#	_____
\$	0603006
	003001
\$	P
	0603006
	004011
\$	I
Postmark Date	_____
Initials of Preparer	_____

Please Complete Below If Official Mailing Address Has Changed

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

LINE NO.	ACCOUNT CLASSIFICATION	FLORIDA	
		GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Basic Local Services	\$ _____	\$ _____
2.	Long Distance Services (IntraLATA only)**	_____	_____
3.	Access Services	_____	_____
4.	Private Line Services	_____	_____
5.	Leased Facilities & Circuits Services	_____	_____
6.	Miscellaneous Services	_____	_____
7.	TOTAL REVENUES	_____	\$ _____
8.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)	_____	_____
9.	Net Intrastate Operating Revenue for Regulatory Assessment Fee Calculation (Line 7 less Line 8)	_____	_____
10.	Regulatory Assessment Fee Due (Multiply Line 9 by 0.0015)	_____	_____
11.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
12.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
13.	TOTAL AMOUNT DUE	_____	\$ _____

\* These amounts must be intrastate only and must be verifiable.  
\*\* Other long distance revenue must be listed on the Interexchange Regulatory Assessment Fee Return.

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

**CURRENT COMPANY STATUS**

- Facilities-Based Provider
- Reseller
- Other: \_\_\_\_\_

**BILLING INFORMATION**

Complete below if billing agent if other than yourself.

\_\_\_\_\_  
(Name) (Address: City/State/Zip) (Telephone)

**COMPANY INFORMATION**

Do you lease telecommunications' facilities?  YES  NO  
If YES, who do you lease these facilities from? Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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)

\_\_\_\_\_  
(Preparer of Form - Please Print Name)

Telephone Number (\_\_\_\_\_) Fax Number (\_\_\_\_\_) F.F.I. No. \_\_\_\_\_

**25-24.820 Revocation of a Certificate.**

(1) The Commission may on its own motion, after notice and opportunity for hearing, revoke a company's certificate for any of the following reasons:

- (a) Violation of a term or condition under which the authority was originally granted;
- (b) Violation of Commission rule or order;
- (c) Violation of Florida Statute; or
- (d) Violation of a price list standard.

(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. Cancellation of a certificate shall be ordered subject to the holder providing the required information.

- (a) A statement of intent and date certain to pay regulatory assessment fee.
- (b) A statement of why the certificate is proposed to be cancelled.
- (c) A statement as to how customer deposits and final bills will be handled.
- (d) Proof of individual customer notice regarding discontinuance of service.

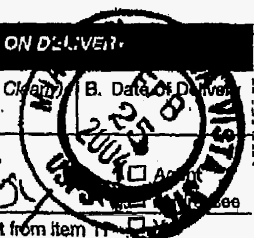
**Specific Authority: 350.127(2), F.S.**

**Law Implemented: 364.335, 364.345, F.S.**

**History: New 12/26/95.**

TX236-03-0-D

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature X MKR</p> <p><input type="checkbox"/> A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/> H. <input type="checkbox"/> I. <input type="checkbox"/> J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/> M. <input type="checkbox"/> N. <input type="checkbox"/> O. <input type="checkbox"/> P. <input type="checkbox"/> Q. <input type="checkbox"/> R. <input type="checkbox"/> S. <input type="checkbox"/> T. <input type="checkbox"/> U. <input type="checkbox"/> V. <input type="checkbox"/> W. <input type="checkbox"/> X. <input type="checkbox"/> Y. <input type="checkbox"/> Z. <input type="checkbox"/> AA. <input type="checkbox"/> AB. <input type="checkbox"/> AC. <input type="checkbox"/> AD. <input type="checkbox"/> AE. <input type="checkbox"/> AF. <input type="checkbox"/> AG. <input type="checkbox"/> AH. <input 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type="checkbox"/> WR. <input type="checkbox"/> WS. <input type="checkbox"/> WT. <input type="checkbox"/> WU. <input type="checkbox"/> WV. <input type="checkbox"/> WW. <input type="checkbox"/> WX. <input type="checkbox"/> WY. <input type="checkbox"/> WZ. <input type="checkbox"/> XA. <input type="checkbox"/> XB. <input type="checkbox"/> XC. <input type="checkbox"/> XD. <input type="checkbox"/> XE. <input type="checkbox"/> XF. <input type="checkbox"/> XG. <input type="checkbox"/> XH. <input type="checkbox"/> XI. <input type="checkbox"/> XJ. <input type="checkbox"/> XK. <input type="checkbox"/> XL. <input type="checkbox"/> XM. <input type="checkbox"/> XN. <input type="checkbox"/> XO. <input type="checkbox"/> XP. <input type="checkbox"/> XQ. <input type="checkbox"/> XR. <input type="checkbox"/> XS. <input type="checkbox"/> XT. <input type="checkbox"/> XU. <input type="checkbox"/> XV. <input type="checkbox"/> XW. <input type="checkbox"/> XX. <input type="checkbox"/> XY. <input 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type="checkbox"/> ZI. <input type="checkbox"/> ZJ. <input type="checkbox"/> ZK. <input type="checkbox"/> ZL. <input type="checkbox"/> ZM. <input type="checkbox"/> ZN. <input type="checkbox"/> ZO. <input type="checkbox"/> ZP. <input type="checkbox"/> ZQ. <input type="checkbox"/> ZR. <input type="checkbox"/> ZS. <input type="checkbox"/> ZT. <input type="checkbox"/> ZU. <input type="checkbox"/> ZV. <input type="checkbox"/> ZW. <input type="checkbox"/> ZX. <input type="checkbox"/> ZY. <input type="checkbox"/> ZZ.</p>
1. Article Addressed to: TX236 Public Telephone Network, Inc. 900 N. W. 54th Street Miami, Florida 33127-1818	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number _____	3. Service Type <input checked="" 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) <input type="checkbox"/> Yes



COMPANY IDENTIFICATION

Printed on 04/28/2004 at 12:15:08 by PJI

Complete Name: Public Telephone Network, Inc.

Mailing Name: Public Telephone Network, Inc.

Company Code: TX236

FEID Number: 65-0200945

RAF ACCOUNT FOR THE PERIOD 01/01/2003 THROUGH 12/31/2003

Reg. Date: 11/03/1998 Inactive Date:  
 Service: CLX - Competitive Local Exchange  
 Received: No RAF Form  
 Status: Pending  
 Amended: No Extension: No  
 Frozen: No Comments: No  
 Payment Count: 0 Payments Made to Date  
 Operating Rev: \$0.00 Interstate Rev: \$0.00  
 RAF Rate: Net RAF Due: \$0.00

Assessment	Due	Paid	Owe
RAF	\$0.00	\$0.00	\$0.00
Penalty	\$0.00	\$0.00	\$0.00
Interest	\$0.00	\$0.00	\$0.00
Extension Fee	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

Last modification was made on

Period covered: 01/01/2003 through 12/31/2003 RAF rate:  
 Operating rev: \$0.00 Gross intrastate rev: \$0.00  
 Documents: Delinquent letter mailed on 02/19/2004  
 RAF form mailed on 12/03/2003

## MCD Company Information for TX236

Printed on 08/11/2004 at 13:58:16 by PJI

Company Code: TX236  
Complete Name: Public Telephone Network, Inc.  
Mailing Name: Public Telephone Network, Inc.  
Certificate No(s): 5718  
Status: Active  
Regulation Date: 11/03/1998  
Bankruptcy: No  
Company Liaison #1: Garth Reeves  
Title: President  
Mailing Address: 900 N. W. 54th Street

Physical Location: Miami, FL 33127-1818  
900 N. W. 54th Street

Phone: Miami, FL 33127-1818  
(305) 694-6220  
Fax: (305) 758-3617

### Related Dockets:

980928-TX      **Application for certificate to provide alternative local exchange telecommunications service by Public Telephone Network, Inc.**

011144-TX      Cancellation by Florida Public Service Commission of Alternative Local Exchange Telecommunications Certificate No. 5718 issued to Public Telephone Network, Inc. for violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.

011516-TX      Compliance investigation of Public Telephone Network, Inc. for apparent violation of Section 364.183(1), F.S., Access to Company Records.

011565-TP      Request by BellSouth Telecommunications, Inc. for approval of interconnection, unbundling, resale, and collocation agreement with Public Telephone Network, Inc.

020954-TP      Request for approval of interconnection, unbundling, resale, and collocation agreement and one amendment between BellSouth Telecommunications, Inc. and Public Telephone Network, Inc.

040374-TP      **Request for approval of interconnection, unbundling, resale, and collocation agreement between BellSouth Telecommunications, Inc. and Public Telephone Network, Inc.**