

117 E. Joe P. Strickland, Jr. Ave
Post Office Box 115
Bushnell, FL 33513-0115



Administration Offices
Phone: (352) 793-2591
Fax: (352) 793-2711
www.cityofbushnellfl.com

CITY OF BUSHNELL, FLORIDA

"Committed to the Quality of Life"

December 28, 2012

Florida Public Service Commission
Office of Telecommunications
Attn: Ann Cole, Commission Clerk
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

RECEIVED - FPSC
12 DEC 31 AM 9:05
COMMUNICATIONS
CLERK

120326-TA

Re: City of Bushnell Annual Regulatory Assessment Fee
Certificate of Authority No. 5196 (TA043)

Dear Ms. Cole:

The City of Bushnell would like this letter to serve as our request to have our Annual Regulatory Assessment Fee Certificate of Authority No. 5196 (TA043) cancelled effective December 31, 2012. The City of Bushnell has no current customers in Florida that will be affected.

We have enclosed the \$600 minimum 2012 RAF payment that was inadvertently excluded with submission of our 2012 Actual Return. Please open a docket and send it to staff for processing this cancellation request. I have included an extra copy of this letter, a copy of the 2012 Actual Return, and a stamped return envelope. Please return a copy back for our records.

If you have any questions, please contact me at (352) 793-2591.

Thank you.

Sincerely,

Vince Ruano, City Manager
City of Bushnell

Enclosures

Check for deposit. Fiscal to forward deposit information to Records.

Initials of person who forwarded check

8356 DEC 31 21

FPSC-COMMISSION CLERK

Florida Public Service Commission

STATUS:

- Actual Return
- Estimated Return
- Amended Return

PERIOD COVERED:
 01/01/2012 TO 12/31/2012

(See Filing Instructions on Back of Form)

TA043-12-0-R
 City of Bushnell
 P. O. Box 115
 Bushnell, FL 33513-0115

Please Complete Below If Official Mailing Address Has Changed

FOR PSC USE ONLY	
Check #	
\$ _____	06-03-001
	003001
\$ _____	E
\$ _____	P 06-03-001
	004011
\$ _____	I
Postmark Date	_____
Initials of Preparer	_____

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

LINE NO.		TOTAL FLORIDA GROSS OPERATING REVENUE	INTRASTATE REVENUE
1.	Local Service Revenues	\$ _____	\$ _____
2.	Network Access Revenues	_____	_____
3.	Long Distance Network Services Revenues	_____	_____
4.	Miscellaneous Revenues	_____	_____
5.	TOTAL REVENUES	\$ <u>0</u>	\$ <u>0</u>
6.	LESS: Amounts Paid to Other Telecommunications Companies ⁽¹⁾	_____	_____
7.	NET INTRASTATE OPERATING REVENUE for Regulatory Assessment Fee Calculation (Line 5 less Line 6)	_____	\$ _____
8.	Regulatory Assessment Fee Due (Multiply Line 7 by 0.0016. If more than \$600, enter amount. If less, enter \$600.) ⁽²⁾	_____	_____
9.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
10.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)	_____	_____
11.	Extension Payment Fee (see "4. Extension" on back)	_____	_____
12.	TOTAL AMOUNT DUE (Add lines 8 through 11)	_____	\$ <u>600.00</u>

(1) These amounts must be intrastate only and must be verifiable (see "2. Fees" on back).
 (2) Regardless of the gross operating revenue of a company, a minimum annual regulatory assessment fee of \$600 shall be imposed as provided in Section 364.336, Florida Statutes.

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.

N. Jay Coleman (Signature of Company Official) City Clerk (Title) 12-17-2012 (Date)
N JOY COLEMAN (Preparer of Form - Please Print Name) Telephone Number 352 793-2591 Fax Number 352 793-2711
 F.E.I. No. 59-6000284

DOCUMENT NUMBER-DATE
08356 DEC 31 09
 FPSC-COMMISSION CLERK

FLORIDA PUBLIC SERVICE COMMISSION
Instructions For Filing Regulatory Assessment Fee Return
(Telecommunications Company)

1. **WHEN TO FILE:** For companies which owed a total of \$10,000 or more of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return is required twice a year and payment must be filed or postmarked:

*On or before July 30 for the six-month period January 1 through June 30, and
On or before January 30 for the six-month period July 1 through December 31.*

For companies which owed a total of less than \$10,000 of assessment fee for the preceding calendar year, this Regulatory Assessment Fee Return and payment must be filed or postmarked:

On or before January 30 for the prior twelve-month period January 1 through December 31.

However, when July 30 or January 30 falls on a Saturday, Sunday, or holiday, the Regulatory Assessment Fee Return may be filed or postmarked on the next business day, without penalty or interest.

2. **FEES:** Each company shall pay 0.0016 of its gross operating revenues derived from intrastate business, as referenced in Rule 25-4.0161(1), F.A.C. Gross Operating Revenues are defined as the total revenues before expenses. Gross Intrastate Operating Revenues are defined as revenues from calls originating and terminating within Florida. Do not deduct any expenses, taxes, or uncollectibles from these amounts.

On Line 6, deduct any amounts paid to another telecommunications company for the use of any telecommunications network to provide service to its customers. **Do not deduct** any taxes, federal subscriber line charges, interstate long distance access charges, or amounts paid for nonregulated services such as voice mail, inside wire maintenance, or equipment purchases/rentals. **DEDUCTIONS MUST BE INTRASTATE ONLY AND MUST BE VERIFIABLE.**

3. **FAILURE TO FILE BY DUE DATE:** Failure to file a return by the established due date will result in a penalty being added to the amount of fee due, 5% for each 30 days or fraction thereof, not to exceed a total penalty of 25% (Line 9). In addition, interest shall be added in the amount of 1% for each 30 days or fraction thereof, not to exceed a total of 12% per year (Line 10). A Regulatory Assessment Fee Return must be completed, signed, and filed even if there are no revenues to report or if the minimum amount is due.

When a company fails to timely file a Regulatory Assessment Fee Return, the Commission has the authority to order the company to pay a penalty and/or cancel the company's certificate. The company will have an opportunity to respond to any proposed Commission action.

4. **EXTENSION:** A company, for good cause shown in a written request, may be granted up to a 30-day extension. A request must be made by filing the enclosed *Regulatory Assessment Fee Extension Request* form (PSC/ADM 124), two weeks prior to the filing date. When an extension is granted, a charge shall be added to the amount due (Line 11):

0.75% of the fee to be remitted for an extension of 15 days or less, or
1.5% of the fee for an extension of 16 to 30 days.

In lieu of paying the charges outlined above, a company may file a return and remit payment based upon estimated gross operating revenues by checking the "Estimated Return" space in the top left-hand corner on the reverse side. If such return is filed by the normal due date, the company shall be granted a 30-day extension period in which to file and remit the actual fee due without paying the above charges, provided the estimated fee payment remitted is at least 90% of the actual fee due for the period.

5. **FEE ADJUSTMENTS:** You will be notified as to the amount and reason for any fee adjustment. Penalty and interest charges may be applicable to additional amounts owed the Commission by reason of the adjustment. The company may file a written request for a refund of any overpayments. The request should be directed to Fiscal Services at the below-referenced address.
6. **MAILING INSTRUCTIONS:** Please complete this form, make a copy for your files, and return the original in the enclosed preaddressed envelope. Use of this envelope should assure a more accurate and expeditious recording of your payment. **Make your check payable to the Florida Public Service Commission.** If you are unable to use the enclosed envelope, please address your remittance as follows:

Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

ATTENTION: Fiscal Services

7. **ADDITIONAL ASSISTANCE:** If you need additional assistance in preparing your Regulatory Assessment Fee Return or regarding telecommunications facilities, please contact the Division of Regulatory Analysis at (850) 413-6600. This division may be contacted at the above-referenced address, directing correspondence to the attention of the division.

INVOICE NO.	GROSS AMOUNT	DISCOUNT	NET AMOUNT
12/28/12 TA043-12-0-R	600.00		600.00
			TOTAL 600.00

DETACH BEFORE DEPOSITING

CITY OF BUSHNELL
POOLED CASH ACCOUNT
P.O. BOX 115
BUSHNELL, FL 33513

SUNTRUST
Bushnell, FL 33513
63-215/631

049301

49301

PAY DOLLARS AND CENTS
*** Six Hundred and XX/100 Dollars ***

DATE AMOUNT
12/28/12 \$600.00

TO THE ORDER OF
FLORIDA PUBLIC SERVICE COMMISSION
2540 SHUMARD OAK BLVD
TALLAHASSEE, FL 32399-0850

CITY OF BUSHNELL

Kelly Marcov
Joy Coleman

