## REQUEST TO ESTABLISH DOCKET (bless mri)

## COMMUNICATICNS/HAWKINS

2. OPR
3. ORR $\qquad$ Request for cancellation of
in mom Rome Certificate N 0.394 Pay Telephone Certificate No. 3946 by
4. Suggested Docket Mailing List (attach separate sheet if necessary)
A. Provide manes only for regulated companies or Ackowms only regulated industries, as shown in Rule 25-22.104, P.A.C.
B. Provide complete name and address for all others. (Match representatives to clients.)
5. Parties and their representatives (if any)

Gary Lee Everhark
2. Interested Persons and their representatives (if any)
6. Check ane:

Documentation is attached. Documentation will be provided with the recommendation.

TF294 Cert. \#3946

Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850


Dear Ms. Hawkins:
I wish to cancel my pay telephone certificate. I am not providing pay telephone service and I understand that I am responsible for payment of regulatory assessment fees until the date the certificate is cancelled by the Florida Public Service Commission.
(2)

Print name: $\qquad$

Signature:


