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REQUEST TO EST	ABLISH DOCKET
Date 1/13/97	Docket No. 970067-TC
	ICATIONS/HAWKING
	Ilation of Pay Telephon by Amram Avinoan (TF 575)
5. Suggested Docket Mailing List (attach separate she	et if necessary)
 A. Provide NAMES ONLY for regulated companies or A as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and address for all other 	CRONYMS ONLY regulated industries,
1. Parties and their representatives (if any)	
Amram Avinoam	
Amram Avinobin	
Interested Persons and their representatives	(if any)
6. Check over Documentation is attached.	
Documentation will be provided with	the recommendation.
1:\PSC\RAR\WP\ESTDKT.	DOCUMENT NUMBER -DATE
PSC/RAR 10 (Revised 01/96)	00450 JAN 145
	DETERMINED AND ADDRESS AND ADDRESS ADDR
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1/9/97	



N-O-T-I-C-E

WHEN FILING:	Please follow instructions on the back of the enclosed Pay Telephone Service Provider Regulatory Assessment Fee Return Form (PSC/CMU 26).
TOTAL AMOUNT DUE:	The MINIMUM AMOUNT DUE IS \$50 ANNUALLY (Line 10 of Form) regardless of the amount of revenues collected or the number of telephones installed. Payment of the minimum fee is still required if: 1) a Certificate was held for only a portion of the year (even if no telephones were installed), 2) the business was sold, or 3) the Certificate was canceled during the year. <u>There are absolutely no exceptions</u> which would waive payment of the \$50 minimum fee.
CANCELLATION:	To cancel a Certificate, send a written request and the Certificate to: Division of Records and Reporting Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850
QUESTIONS:	Contact the Division of Communications at Telephone (904) 413-6600.
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