

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/21/97

Docket No. 870911-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPE _____

3. OCE _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate No. 4958 by Christian N. Marquer d/b/a GEMTEL.

5. Suggested Docket Mailing List (attach separate sheet if necessary)

(TF857)

- A. Provide NAMES ONLY for regulated companies or ACRONYMS ONLY regulated industries, as shown in Rule 25-22.104, F.A.C.
- B. Provide COMPLETE name and address for all others. (Match representatives to clients.)

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 the recommendation.

PLEASE COMPLETE THIS PAGE AND RETURN TO:



Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center DEPOSIT
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850 D563

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PP
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DATE JUL 10 1997
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NAME: Christian N. Marquer

NAME OF COMPANY: GEMTEL

ADDRESS: P.O. Box 644

CITY/STATE/ZIP: Niceville, FL 32578-0644

PHONE # W/AREA CODE: (904) 729-8580

CERTIFICATE #: 4958 COMPANY CODE: TF857

(Answer "YES" to one of the following statements below.)

(1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

(2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because Out of Business.

(All Fees + interest has been enclosed)
Please Send Receipt & Verification of Cancellation

SIGNATURE: Christy Marquer DATE: 7-6-97