

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 8/13/97

Docket No. 971045-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR \_\_\_\_\_

3. OIC \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 4663  
by Jerry L. McKee

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

(TF727)

- 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)

Jerry L. McKee

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

97 JUL 31 AM 9 48  
MAIL ROOM

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12.50 P  
3.50 I  
7/28/97  
P.

DEPOSIT DATE  
D581 JUL 31 1997

NAME: Jerry L. McKeel

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: 531-D Lake Vista Circle

CITY/STATE/ZIP: Cockesville, MD 21030

PHONE # W/AREA CODE: (410) 628-6189

CERTIFICATE #: 4663 COMPANY CODE: TF727

(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 I sold all my payphones

SIGNATURE: Jerry McKeel

DATE: 7/28/97

