

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 10/27/97

Docket No. 971421-70

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

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

3. OCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of  
Pay Telephone Certificate No. 3702  
by Hospitality Communications, Inc. d/b/a  
HCI Telecommunications, Inc. (TFO49)

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

- 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  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

97 OCT 26 11 11 24

NAME: Mr. Steve M<sup>c</sup>Kibbon  
NAME OF COMPANY: HCI Telecommunications, Inc.  
ADDRESS: 800 Jesse Jewel Parkway  
CITY/STATE/ZIP: Gainesville, GA 30501  
PHONE # W/AREA CODE: (770) 503-1000 Ext. 225  
CERTIFICATE #: 3702 COMPANY CODE: TF049  
049

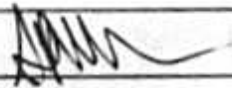
(Answer "YES" to one of the following statements below.)

- (1) I request that my certificate be cancelled and ~~enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.~~ None due
- (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 we ~~has~~ no longer  
own any payphones or service any  
phones in the state

SIGNATURE: X  DATE: 10/30/97



**Communications**  
Voice - Data - Security  
Systems



Fold at line over top of envelope to the  
right of the return address

**CERTIFIED**

Z 074 757 4LS

**MAIL**

Ms. Brenda H. Hawkins  
Regulatory Analyst  
Florida Public Service Commission  
Division of Communications Center  
Capital Circle Office Center  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0850

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3239947013

