REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

	(PLEASE	TYPE)		
ate12/8/00			Docket No. 06 176 2	
L. Division Name/Staff	Name APP/Helton	H		
2. OPR APP	mane many more on			
3. OCR CMP, LEG, ECR				6
S. OCK CMP, LEG, ECK				
4. Suggested Docket Titl	e Proposed Rule 25-24.517	, F.A.C., Location of	Pay Telephones	
				r
				,
Suggested Docket Ma	illing List (attach separ	ate sheet if necessa	ry)	
as shown in Rule	LY for regulated compani 25-22.104, F.A.C. 3 name and address for al		regulated industries, presentatives to clients.)	
1. Parties and t	heir representatives (if	any)		
			T	
				<u> </u>
				_
<u> </u>				
2. Interested Pe	ersons and their represen	tatives (if any)		
Dave Walmhanaa				
Pay Telphones ILECs				
County Governments				
See attached sheet fo	or additional names			
see accaened sheet 10	T addictional names			
				-
6. Check one:	umentation is attached.			
	mentation will be provid	ded with recommendati	on	
	mencacion will be brown	red with recommendati	.011.	

15767 DEC-88