REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

	(I LLF	5L 111L)	
:e <u>C</u>	october 26, 2001	D	ocket No. <u>011568</u>
Di	vision Name/Staff Name <u>CMP/Fondo</u>		
. OF	PR <u>Legal</u>		
. 00	CR CMP		
.Sugg	gested Docket Title <u>COMPLIANCE INVESTIGATION OF</u> DN 364.183(1), F.S., ACCESS TO COMPANY RECORDS.	VISION PREPAID SERVICES, INC. F	OR APPARENT VIOLATION OF
i. Sı	uggested Docket Mailing List (attach separate	sheet if necessary)	
	A. Provide NAMES ONLY for regulated companie 25-22.104, F.A.C. B. Provide COMPLETE name and address for al		
	1. Parties and their representatives (if an	')	
	Vision Prepaid Services, Inc.		
	2. Interested Persons and their representat	ives (if any)	
			·.
6.	Check one: Documentation is attached.		
	Documentation will be provided	with recommendation.	

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PSC/RAR 10 (Revised 01/96)