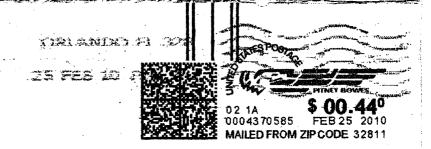
REQUEST TO ESTABLISH DOCKET (Please type or print. File original plus 1 copy with CLK.)					
Date:	3/3/2010			Docket No.:	100098-TC
1. From Staff / Division:		ision:	Pruitt/R#10		
2. OPR:	RAD				
3. OCR:	GCL	GCL SCL			
4. Suggested Docket Title: Request for cancellation of PATS Certificate No. 5845 by Ceffective March 31, 2010.					Certificate No. 5845 by Orlando Payphones, Inc.,
5. Program/Module/Submodule Assignment:				B1f	
6. Suggested Docket Mail List.					
a. Provide NAMES/ACRON)			ONYMS, if registe	red company.	☐ Provided as an Attachment ☐ ☐
Company Code, if applicable:		Parties (include address, if different from MCD):			Representatives (name and address).
TG324		Orlando Payphones, Inc.)
					FP\$C
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)					
Company if applicat			d persons, if any, address, if differer	nt from MCD):	Representatives (name and address):
		 			
7. Check o	ne:	⊠ Supp	orting Documenta	ation Attached	☐ To be provided with Recommendation
Comments:					

OCCUMENT NUMBER-DATE

OPI 4558 355457 ORLANDO FL 32811



ATTN: FISCAL FLORIDA PUBLIC SERVICE COMMISSION 2540 SHUMARD OAK BOULEVARD TALLAHASSEE, FL 32399-0876

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