

REQUEST TO ESTABLISH DOCKET		
(Please type or print. File original <i>plus</i> 1 copy with CLK.)		
Date:	2/7/2014	Docket No.: DOCKET NO. 140029-TP
1. From Division / Staff:	Tel/Williams <i>CH</i> <i>MTG</i> <i>pb</i>	
2. OPR:	TEL/Williams	
3. OCR:	GCL <i>CM</i>	
4. Suggested Docket Title:	Request for submission of proposals for relay service, beginning in June 2015, for the deaf, hard of hearing, deaf/blind, or speech impaired, and other implementation matters in compliance with the Florida Telecommunications Access System Act of 1991.	
5. Program/Module/Submodule Assignment:	A19, B11	
6. Suggested Docket Mail List.		
a. Provide NAMES/ACRONYMS, if registered company.		<input type="checkbox"/> Provided as an Attachment
Company Code, if applicable:	Parties (include address, if different from MCD):	Representatives (name and address):
b. Provide COMPLETE NAME AND ADDRESS for all others. (match representatives to companies)		
Company Code, if applicable:	Interested persons, if any, (include address, if different from MCD):	Representatives (name and address):
7. Check one:	<input type="checkbox"/> Supporting Documentation Attached <input checked="" type="checkbox"/> To be provided with Recommendation	
Comments:		