## REQUEST TO ESTABLISH DOCKET (PLEASE TYPE)

Date 10/27/98	Docket No. 981453-TC
1. Division Name/Staff Name Communicat	tions/Isler
2. OPR Communications/Isler	
3. OCR Legal Services	
	on by Florida Public Service Commission of Pay Telephone Certificate
Number 5443 Issued to Omer M. Morell for	Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees:
Telecommunications Companies	
5. Suggested Docket Heiling List (attach	separate sheet if necessary)
A. Provide NAMES ONLY for regulated of	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. (Metch representatives to clients.)
1. Parties and their representativ	mes (if any)
Omer M. Horell	
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750 3002	
2. Interested Persons and their re	presentatives (if any)
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6. Check one:  XX Documentation is atten-	ched.
	provided with recommendation.
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PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER - DATE

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FPSC RECORDS/REPORTING

## State of Florida



## Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

DATE: October 20th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 80

Paula, attached are eighty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays date. Interest through the end of October is \$5.00 and Penalty is \$12.50. I have a total on the bottom of each sheet as to what amount a utility owes the Commission. I have not made copies, therefore you will need to keep the data for your files.

1	<b>TF899</b>	21	TF957 16	41	TG010	61	TG086
2	√TF906	22	TF957	42	TG013	62	TG087
3	TF910 -	23	TF964	43	TG016	63	TG089
4	TF912	24	TF967	44	TG017	64	TG096
5	TF913-	25	TF968/	45	TG026'	65	TG100 POT
6	√TF914	26	TF969	46	TG027	66	TG104
7	TF918	27	TF970	47	TG029	67	TG107
8	1F920 MOND	28	TF972	48	TG031	68	TG109
9	TF92140NE	29	TF974	49	TG040	69	TG112
10	-TF923	30	TF980	50	TG046	70	TG114
11	TF924	31	TF982	51	TG048	71	TG117
12	TF927	32	TF985'	52	TG049	72	TG119 '
13	√TF928	33	TF986	53	TG050	73	TG123
14	YF932	34	TF987	54	TG054	74	TG127
15	TF933~	35	TF990'	55	TG065	75	TG132
16	VIF937	36	TF991	56	TG073	76	TG139/
17	TF938 HONE	37	TF995	57	TG079	77	TG140 '
18	1F939	38	TF999	58	TG083	78	TG142
19	1F951	39	TG002/ .4	59	TG084	79	TG146'
20	√TF953	40	TG005rlosis	60	TG085	80	TG146

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SENDER:  "Complete items 1 and/or 2 for edditional services.  "Complete items 3, 4a, and 4b.  "Print your name and address on the reverse of this form so that we can return this card to you.  "Attach this form to the front of the malipiace, or on the back if space does not permit.  "Write "Return Receipt Requested" on the malipiace below the article number.  "The Return Receipt will show to whom the article was delivered and the date delivered.		
4a. Article Number  4b. Service Type  Registered Certified  Express Mail Insured  Return Receipt for Merchandse COD		
8. Addressee's Address (Only if requested and fee is paid)		
	the date  4e. Article N  4b. Service  Register  Express Return Re  7. Date of D  8. Addresse and fee is	Au. Article Number  4e. Article Number  4b. Service Type  Registered Express Mail Return Receipt for Merchandiss  7. Date of Delivery  8. Addressee's Address (Only and fee is paid)