

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 4/18/96

Docket No. 960511-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. CPR _____

3. OOR _____

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate 3429 by David DiDonna

5. Suggested Docket Mailing List (attach separate sheet if necessary)

- A. Provide NAMES ONLY for regulated 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. (Match representatives to clients.)

1. Parties and their representatives (if any)

David DiDonna _____

2. Interested Persons and their representatives (if any)

6. Check one:

Documentation is attached.

Documentation will be provided with the recommendation.

DOCUMENT NUMBER-DATE
04572 APR 19 96
#PSC-RECORDS/REPORTING



Date: 4/14/96

Ms. Brenda H. Hawkins
Florida Public Service Commission
Division of Communications, Room 280-D
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Dear Ms. Hawkins:

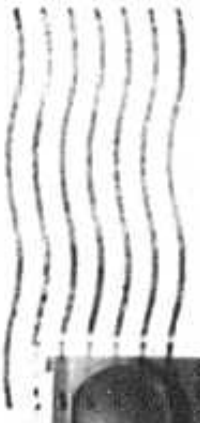
I wish to cancel my pay telephone certificate. I am not providing pay telephone service and understand that I am responsible for payment of Regulatory Assessment Fees until the date the certificate is cancelled by the Florida Public Service Commission.

Print name of company: DAVID DIDONA

Print your name: DAVID DIDONA

Your signature: *David Didona*

DAVID DIDONA
183-MAIN ST
EASTDORSET MA
1977



MS. BRENDA H. HAWKINS
FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMMUNICATIONS, ROOM 280 D
2540 SHUMARD OAK - BOULEVARD
TALLAHASSEE, FL.
32399-0850

