

REQUEST TO ESTABLISH DOCKET  
(PLEASE TYPE)

Date 9/12/96

Docket No. 961084-TC

1. Division Name/Staff Name COMMUNICATIONS/HAWKINS

2. OPR \_\_\_\_\_

3. OCR \_\_\_\_\_

4. Suggested Docket Title Request for cancellation of Pay Telephone Certificate #2910 by Pay-Tel of Florida, Inc. (TE592)

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)

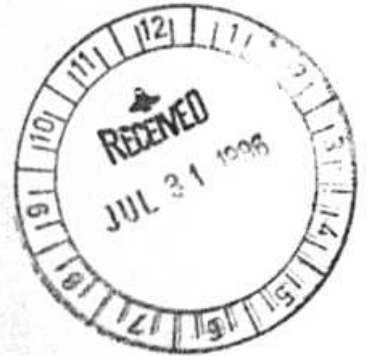
Pay-Tel of Florida, Inc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Interested Persons and their representatives (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Check one:  Documentation is attached.  
 Documentation will be provided with the recommendation.

TE 592  
Cert. # 2910



Date: 7/26/96

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: PAY-TEL OF FLORIDA, INC.

Print your name: ALISON M. KING

Your signature: Alison M. King