

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 7/21/97

Docket No. 970912-7C

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCA _____

4. Subject/Request Title Request for cancellation of Pay Telephone Certificate No. 4676 by Tri-County Telesystems

(TF740)

5. Suggested Docket Calling 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)

Tri-COUNTY TELESYSTEMS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

DOCUMENT NUMBER DATE
07334 JUL 22 97
PSC-RECORDS/REPORTING

PLEASE COMPLETE THIS PAGE AND RETURN TO:

Ms. Brenda H. Hawkins, Regulatory Analyst
FLORIDA PUBLIC SERVICE COMMISSION
Division of Communications
Capital Circle Office Center
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

NAME: David M. Castricone
NAME OF COMPANY: TRI COUNTY TELESYSTEMS
ADDRESS: 4581 Amanda Avenue
CITY/STATE/ZIP: North Port, FL 34287-6012
PHONE # W/AREA CODE: (941) 423-7177
CERTIFICATE #: 4676 COMPANY CODE: TF740

(Answer "YES" to one of the following statements below.)

- (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.
- (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____ date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I AM NO LONGER INVOLVED IN INSTALLING IPD EQUIPMENT DUE TO COSTS INVOLVED. HAVE NO INTENTIONS OF ANY INSTALLING ANY EQUIPMENT AT PRESENT OR FUTURE. REQUESTING CANCELLATION OF CERTIFICATE.

SIGNATURE: David M. Castricone

DATE: 6-28-97

Pay Telephone Service Provider Regulatory Assessment Fee Return

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

Actual Return
 Estimated Return

PERIOD COVERED:
01/01/1996 TO 12/31/1996

TF740 Tri-County Telesystems 4581 Amanda Avenue North Port, FL 34287-6012 DEPOSIT D561 JUL 08 1997	37 JUL -7 11:15 MAIL ROOM
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FOR PSC USE ONLY	
Check#	2322
\$	50.00
\$	10.50
\$	2.50
Postmark Date	7/5/97
Initials of Preparer	R.

Please Complete Below If Address Has Changed

(Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	AMOUNT
1.	Gross Operating Revenue	\$ 00.00
2.	Gross Intrastate Revenue	00.00
3.	LESS: Amounts Paid for Services to Local Telephone Companies (Attach Listing)*	(00.10)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)	\$ 00.00
5.	Regulatory Assessment Fee Due — (Multiply Line 4 by 0.0015)	_____
6.	Penalty for Late Payment	_____
7.	Interest for Late Payment	_____
8.	TOTAL AMOUNT DUE	\$ 00.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50 ^{\$65.00}
THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 0

*Each amount paid by a pay telephone company to a telecommunications company providing local service for use of the local network shall be deducted from intrastate revenue for purposes of determining the amount of the regulatory fee assessed the pay telephone company.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to be best of my knowledge and belief, the above information is a true and correct statement. I am aware that pursuant to section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

David M. Cassiccone
(Signature of Company Official)
DAVID M. CASSICCONI
(Please Print Name)

PROPRIETOR
(Title)
6-18-97
(Date)
Telephone Number (941) 423-7177
F.E.I. No. 099-44-116