

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 1/22/98

Docket No. 980117-TC

1. Division Name/Staff Name COMMUNICATIONS/Hawkins

2. OPR _____

3. OCR _____

4. Suggested Docket Title Request for cancellation of
Pay Telephone Certificate No. 5390 by
Wilfred Gomez

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

(TG088)

- 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)

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

2. Interested Persons and their representatives (if any)

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

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

PLEASE COMPLETE THIS PAGE AND RETURN TO:

1062
100.00 RAF
1/14/98
P

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

DEPOSIT DATE
D691 JAN 20 1998

NAME: Mr. Wilfredo Gomez

NAME OF COMPANY: _____

ADDRESS: 4231 East 8th Lane

CITY/STATE/ZIP: Hialeah, FL 33013-2419

PHONE # W/AREA CODE: (305) 687-4050

CERTIFICATE #: 5390 COMPANY CODE: TG088

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

YES (1) I request that my certificate be cancelled and enclosed is my Regulatory Assessment Fee, penalty and interest owed to date.

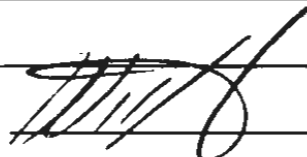
_____ (2) I am not able to submit my Regulatory Assessment Fee, penalty and interest at this time, but will submit it _____

date

Explain why you are requesting cancellation of your certificate.

I am requesting cancellation of my certificate because I am no longer in business.

SIGNATURE: _____



DATE: 1-16-98

98 JAN 20 PM 3:14
MAIL ROOM

Brenda Hawkins