

# REQUEST TO ESTABLISH DOCKET

(PLEASE TYPE)

Date 09/17/98

Docket No. 981173-TC

1. Division Name/Staff Name Communications/Isler
2. OPR Communications/Isler
3. OCR Legal Services
4. Suggested Docket Title Cancellation by Florida Public Service Commission of Pay Telephone Certificate Number 2837 Issued to Lynn E. Maxwell, Jr. For Violation of Rules 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies

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)

<u>Lynn E. Maxwell, Jr.</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

6. Check one:

- Documentation is attached.  
 Documentation will be provided with recommendation.

I:\PSC\RAR\WP\ESTDKT.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

**10284** SEP 18 98

FPSC-RECORDS/REPORTING



# Public Service Commission

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

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**DATE:** May 13, 1998  
**TO:** Paula Isler  
**FROM:** Michael Lake  
**RE:** RAF non payments - *Fourth set of 10*

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Paula, attached are ten communication companies (fourth set) that I am forwarding to your attention who have not paid their RAF for 1997 as of today's date. Interest through the end of May is \$2.0 and Penalty is \$10. 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 TE329 ✓ no
- 2 TE335 ✓ no
- 3 TE342 ✓ no
- 4 TE350 ✓ Paid 25 no case 25 no - 2-4-98 - DH 707
- 5 TE377 ✓ no
- 6 TE431 ✓ no
- 7 TE476 ✓ no
- 8 TE486 ✓ 4-29-98 - DK 767
- 9 TE525 ✓ no
- 10 TE563 ✓ *paid 518 - owe 4182 - 1-15-98 - DB 661*

Should you have any questions, please let me know.  
G:\pi3.mpl

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"I" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCRIP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 1%/30 DAYS 2% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 7%/14 DA 2.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P A I RECEIVED	
TE476	Lynn E. Maxwell, J	02-Nov-81						80.00																		

950

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"I" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCRIP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 1%/30 DAYS 2% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 7%/14 DA 2.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P A I RECEIVED	
TE476	Lynn E. Maxwell, J	02-Nov-81						80.00																		

RAF  
P  
I

\$50.00  
10.00  
2.00  

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\$62.00

COMPY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	"I" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCRIP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 1%/30 DAYS 2% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P A I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 7%/14 DA 2.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P A I RECEIVED		
TE476	Lynn E. Maxwell, J	02-Nov-81		12-31-86	CM	\$10,416.08	\$185.63	\$185.63	80.00			\$185.63 26-16-87	CL68	\$41.41	\$41.41	\$8.28	\$8.28	02/26/87									

OK

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TE476	Lynn E. Maxwell, J	02-Nov-81		12-31-86		\$17,805.18	\$28.44	\$28.44	80.00			\$28.44 01-30-88	B834														
TE476	Lynn E. Maxwell, J	02-Nov-81		6-30-88		\$26,484.00	\$42.30	\$42.30	80.00			\$42.30 7-31-88	B834														

OK

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TE476	Lynn E. Maxwell, J	02-Nov-81		12-31-84		\$44.31		\$44.31 1-31-85		8G123	2.22				80.44											
TE476	Lynn E. Maxwell, J	02-Nov-81		6-30-84		\$62.22		\$62.22 8-1-84		8A030	3.11				80.62											

OK

total \$112

COMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	RAF NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (PUN DAYS 2% SLS SALE)	PENALTY PAID	INTEREST DUE (PUN DAY)	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (PUN/45 DA 1 PUN/30 DA)	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
TE478	Lynn E Maxwell, J	02-Nov-91		12-31-92		\$31.82		\$31.82	1-31-94	AUG81													
TE478	Lynn E Maxwell, J	02-Nov-91		6-30-93		\$30.92		\$30.92	7-26-93	NOV84													

ok

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TE478	Lynn E Maxwell, J	02-Nov-91		12-31-92		\$50.00		\$50.00	1-14-93	AVG88													
TE478	Lynn E Maxwell, J	02-Nov-91		6-30-92				\$50.00	7-29-92	NO													

ok

COMPNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD BEGINS	RAF NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE (PUN DAYS 2% SLS SALE)	PENALTY PAID	INTEREST DUE (PUN DAY)	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENDED AMOUNT (PUN/45 DA 1 PUN/30 DA)	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED	
TE478	LYNN E MAXWEL	02-NOV-91		12-31-91		\$50.00		\$50.00	1-25-92	JC-02													

ok

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 and additional 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 mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
  
**TE476**

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
**12/15/97**

5. Received By: (Print Name)  
**X Thelma Maxwell**

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)  
**X Thelma Maxwell**

Thank you for using Return Receipt Services.