

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/30/98

Docket No. 981272-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 4473 Issued to Morton Group, Inc. for Violation of Rule 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>Bradley Morton</u>	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Interested Persons and their representatives (if any)

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

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

I:\PSC\RAR\MP\ESTDCT.
PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE
11054 OCT-7 88
FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: September 28th, 1998
TO: Paula Isler
FROM: Jackie Knight *JK*
RE: RAF non payments - *First set of 30*

Paula, attached are thirty communication companies (first 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 October is \$5.00 and Penalty is \$12.50. 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	TF532	16	TF629
2	TF535	17	TF631
3	TF536	18	TF632
4	TF539	19	TF635
5	TF540	20	TF638
6	TF547	21	TF639
7	TF564	22	TF644
8	TF570 -	23	TF645
9	TF574 -	24	TF647
10	TF580	25	TF656
11	TF583	26	TF659
12	TF585	27	TF666 -
13	TF586	28	TF672
14	TF600	29	TF673
15	TF622	30	TF675

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

COMPANY NAME	ADDRESS	CITY	STATE	ZIP	DATE ORDERED	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	

COMPANY NAME	ADDRESS	CITY	STATE	ZIP	DATE ORDERED	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	

COMPANY NAME	ADDRESS	CITY	STATE	ZIP	DATE ORDERED	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	DATE OF DELIVERY	DATE OF RECEIPT	DATE OF PAYMENT	DATE OF CANCELLATION	DATE OF REORDER	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 4 for additional services.
- Complete items 2, 3, 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 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:

TF 535

4a. Article Number

4b. Service Type

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

7. Date of Delivery
12/15

5. Received By: (Print Name)

X

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

Thank you for using Return Receipt Service.