

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 09/30/98

Docket No. 98(273-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 4368 Issued to James M. Bracewell d/b/a Southern Tele-Communications 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>James M. Bracewell</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

11055 OCT-7 98

PSC-RECORDS/REPORTING

State of Florida



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

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
TF536	Southern Tele-Com	06-Jan-96	-	-	-			\$0.00																	

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
TF536	Southern Tele-Com	06-Jan-96	-	-	-			\$0.00																	

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
TF536	Southern Tele-Com	06-Jan-96	-	-	-			\$0.00																	

RAF = 430.00
P = 12.00
I = 12.00
1 = 67.50

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
TF536	Southern Tele-Com	06-Jan-96	-	12-31-96	CM		\$0.00	\$0.00	\$50.00	\$50.00		11-25-97	DP005	\$12.50	\$12.50	\$5.00	\$5.50	02/28/97							

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	REVENUE REPORT	REGULATORY ASSESSMENT FEE	RAF PAYMENT & COLL FEE PAYMENT AMOUNT	RAF PAYMENT DISCREP.	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAYS	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
---------------	-----------------	-------------	------------------	-------------------------	--------------------------	-------------------	---------------------------------	--	----------------------------	-----------------------	-----------------------------------	----------------------	-------------------	---	-----------------	-------------------------------	------------------	--------------------------------------	-----------------------------------	-------------------	---	--------------------------------	---------------------------	--	------------------------------

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	"X" NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 5%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 1%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 1.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
---------------	-----------------	-------------	------------------	-------------------------	--------------------------	-------------------------------------	-----------------------	-----------------------------------	----------------------	-------------------	---	-----------------	------------------------------	------------------	--------------------------------------	-----------------------------------	-------------------	---	--------------------------------	---------------------------	--	------------------------------

Total: 11/17/97

RAF93

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 8%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 8%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 8.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
---------------	-----------------	-------------	------------------	-------------------------	------------------------	-------------------------------------	-----------------------	-----------------------------------	----------------------	-------------------	---	-----------------	------------------------------	------------------	--------------------------------------	-----------------------------------	-------------------	---	--------------------------------	---------------------------	--	------------------------------

RAF92

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 8%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 8%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 8.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
---------------	-----------------	-------------	------------------	-------------------------	------------------------	-------------------------------------	-----------------------	-----------------------------------	----------------------	-------------------	---	-----------------	------------------------------	------------------	--------------------------------------	-----------------------------------	-------------------	---	--------------------------------	---------------------------	--	------------------------------

RAF91

CMFNY CODE	COMPANY NAME	REG DATE	INACTIVE DATE	RAF PERIOD ENDING	X NO RAF FORM	RAF & COLL FEE PAYMENT AMOUNT	COLL AGENCY FEE	RAF (NO EXTENSION) RECEIVED	POST MARK DATE	DEPOSIT NUMBER	PENALTY DUE 8%/30 DAYS 25% MAX	PENALTY PAID	INTEREST DUE 8%/30 DAY	INTEREST PAID	DATE DELINQNT LETTER MAILED	DATE P & I LETTER MAILED	DAYS OF EXT	EXTENSIO AMOUNT D 75%/15 DA 8.5%/30 DA	EXT AMOUNT PAID "RAF"	DATE TRUE-UP MAILED	TRUE-UP AMOUNT RECEIVED "RAF"	TRUE-UP P & I RECEIVED
---------------	-----------------	-------------	------------------	-------------------------	------------------------	-------------------------------------	-----------------------	-----------------------------------	----------------------	-------------------	---	-----------------	------------------------------	------------------	--------------------------------------	-----------------------------------	-------------------	---	--------------------------------	---------------------------	--	------------------------------

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

TF 536

4a. Article Number

4b. Service Type

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input checked="" type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

12-16-97

5. Received By: (Print Name)

JAMES BRACWELL

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

6. Signature: (Addressee or Agent)

James Bracwell

Thank you for using Return Receipt Service.