## REQUEST TO ESTABLISH DOCKET

Date	· 10/38798	Docket No. 72/326-10
١.	Division Name/Staff Name Communications/	leter
2.	OPE Communications/Isler	
3.	OCR_Legel Services	
4.	Suggested Bocket TitleCancellation by	Floride Public Service Commission of Pay Telephone Certificate
Bart	ber 4301 Issued to Archdiocese of Hismi d/b/s.	Our Lady of Lourdes Academy for Violation of Rules 25-4,0161.
L.A	.C., Regulatory Aspessment Fees: Telecommun	ications Companies
5.	Suggested Docket Hailing List (attach sepa	rate sheet if necessary)
	A. Provide NAMES CHLY for regulated compan as shown in Rule 25-22.104, F.A.C. B. Provide COMPLETE name and a fress for a	ies or ACRONYMS ONLY regulated industries, il others. ( <u>Match representatives to clients.</u> )
	1. Parties and their representatives (	f any)
Si	ster Susan Marie Kuk	
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	2. Interested Persons and their represe	ntatives (if any)
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6.	Check one: _XX Documentation is attached.	
	Documentation will be provi	ded with recommendation.
1:1	VPSC\RAR\WP\ESTDKT.	
PSC	C/RAR 10 (Revised 01/96)	

DOCUMENT NUMBER-DATE 1 1384 OCT 13 器 FPSC-RECORDS/REPORTING

## State of Florida



## Public Service Commission

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

DATE: October 8th, 1998

TO: Paula Isler

FROM: Jackie Knight

RE: RAF non payments - First set of 50

Paula, attached are fifty communication companies (first set) that I am forwarding to your attention who have not paid their RAF for 1997 as of todays 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	TF676	21	TF755 -Kelly	41	TF842 - Kelly
2	TF679	22	TF757	42	TF846
3	TF680	23	TF763	43	TF848
4	TF682	24	TF768	44	TF850
5	TF688	25	TF769	45	TF856
6	TF692	26	TF774	46	TF862
7	TF698	27	TF775	47	TF870
8	TF699	28	TF777	48	TF882
9	TF700	29	TF799	49	TF888
10	TF701	30	TF802	50	TF891
11	TF718	31	TF807		1707-750-5
12	TF719	32	TF813		
13	TF726	33	TF814 - Kelly		
14	TF729	34	TF817		
15	TF736	35	TF820		
16	TF737	36	TF822		
17	TF738	37	TF828		
18	TF742	38	TF836		
19	TF748	39	TF837		
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SENDER:  • Complete items 1 and/or 2 for additional services.  • Complete items 3, 44, and 45.  • Complete items 2, 44, and 45.  • Print your name and address on the reverse of this form to card to you.  • Alasch this form to the front of the malipiace, or on the bed permit.  • White 'Return Receipt Requested' on the malipiace below it a The Return Receipt will show to whom the article was delicated.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postruaster for fee.		
3. Article Addressed to:	4a. Article Number		
TF 802	7. Date of 3	red Certified   Certified   Mail Insured   Insured   COD   Collivery   COD   Collivery   COD   Collivery   COD   Collivery   COD   C	
5. Received By: (Print Name)	8. Address	Addresses's Address (Only if requested and fee is paid)	
6 Signature: (Addresses or Apont) X SS Caldeur			
PS Form 3811, December 1994	102596-97-8-0179	Domestic Return Receipt	