

REQUEST TO ESTABLISH DOCKET
(PLEASE TYPE)

Date 10/27/98

Docket No. 981452-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 5429 Issued to Laura Ann Miraglia d/b/a 13th Phone Company 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>Laura A. Miraglia</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\ESTDKY.

PSC/RAR 10 (Revised 01/96)

DOCUMENT NUMBER-DATE

12102 OCT 29 98

FPSC-RECORDS/REPORTING



Public Service Commission

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

DATE: October 20th, 1998
 TO: Paula Isler
 FROM: Jackie Knight *JK*
 RE: RA non payments - *First set of 80*

Paula, attached are eighty communication companies (first set) that I am forwarding to your attention who have not paid their RA 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	✓TF899	21	TF957	41	TG010	61	TG086
2	✓TF906	22	TF958 <i>NONE</i>	42	TG013	62	TG087
3	✓TF910	23	TF964	43	TG016	63	TG089
4	✓TF912	24	TF967	44	TG017	64	TG096
5	✓TF913	25	TF968	45	TG026	65	TG100 <i>NONE</i>
6	✓TF914	26	TF969	46	TG027 <i>NONE</i>	66	TG104
7	✓TF918	27	TF970	47	TG029	67	TG107
8	✓TF920 <i>NONE</i>	28	TF972	48	TG031	68	TG109 <i>NONE</i>
9	✓TF921 <i>NONE</i>	29	TF974	49	TG040	69	TG112
10	✓TF923	30	TF980	50	TG046	70	TG114
11	✓TF924	31	TF982	51	TG048 <i>NONE</i>	71	TG117
12	✓TF927	32	TF985	52	TG049	72	TG119
13	✓TF928	33	TF986	53	TG050	73	TG123
14	✓TF932	34	TF987	54	TG054	74	TG127
15	✓TF933	35	TF990	55	TG065	75	TG132
16	✓TF937	36	TF991	56	TG073	76	TG139
17	✓TF938 <i>NONE</i>	37	TF995 <i>NONE</i>	57	TG079	77	TG140
18	✓TF939	38	TF999	58	TG083	78	TG142
19	✓TF951	39	TG002	59	TG084	79	TG146
20	✓TF953	40	TG005 <i>NONE</i>	60	TG085	80	TG150 <i>NONE</i>

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

COMPANY	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	
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COMPANY	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	
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R 50.00
P 12.00
I 6.50

COMPANY	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	
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COMPANY	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	DATE	TYPE	AMOUNT	
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Total: \$67.50

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for 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 crumple 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:

TG 127

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)

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.