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The Applicant has filed an application for approval of the cancellation of its Certificate of Convenience and Necessity. The Applicant has indicated that it is no longer in the payphone business. Therefore, Staff recommends that the application be approved without a hearing.

Deborah R. Scott
Director
Utilities Division

Date: December 4, 2000

Originator: Elena Zestrijan

AZ CORP COMMISSION
DOCUMENT CONTROL

2000 DEC -5 A 11: 23

RECEIVED

NEW APPLICATION

T-03577A

RECEIVED

DOCKET NO. T-03577A-00-0977
ARIZONA CORPORATION COMMISSION

NOV 29 2000
Director of Utilities

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APPLICATION

ORIGINAL

AZ CORP COMMISSION
DOCUMENT CONTROL

FOR THE SALE OF ASSETS
AND/OR

CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY (CC&N)

FOR

CUSTOMER OWNED PAY TELEPHONE (COPT) PROVIDERS

DOCKETED

Mail or deliver an Original and 10 copies of this application to:

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

DEC 05 2000

DOCKETED BY
JM

List the name, address, and telephone number of the person or entity (Applicant) that subscribed to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

ROGER M. ANDERSON
(Applicant's Name)

ANDERSON COMMUNICATIONS
(Business Name if different than Applicant's Name)

P O BOX 1307
(Applicant's Address)

APACHE JUNCTION AZ 85217
(Applicant's Address)

(480) 983 - 3308
(Applicant's Telephone Number)

By checking this box, the Applicant indicates it no longer provides, or never did provide, COPT service in the State of Arizona and requests cancellation of its CC&N.

By Checking this box, the Applicant is requesting authority to sell its COPT assets pursuant to A.R.S. Section 40-285 and to cancel its CC&N. Do not check this box if you are not selling your pay telephones.

By checking this box, the Applicant gives up its right to notice and a hearing. Applicant has a right to a hearing and to receive notice of the hearing date in order to cancel the CC&N.

By checking this box, the undersigned states s/he is the authorized person to make this application.

Please print your name, phone number, and sign :

Roger M Anderson
(Print Author's Name)

(602) 983 - 3308
(Telephone Number)

[Signature] Owner
(Signature of Author and Title)

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS