

FILE



RECEIVED-DOCKETING DIV  
2009 OCT -5 AM 10:06

PUCO

October 2, 2009  
Via Overnight Delivery

Renee Jenkins  
Commission Secretary  
Docketing Division  
Public Utilities Commission of Ohio  
180 East Broad Street, 13<sup>th</sup> Floor  
Columbus, OH 43215-3793

09 - 905 - TP - AAC  
90 - 6345 - CT - TRF

**RE: Public Communications Services, Inc.  
Revision for Ohio Tariff No. 1**

Dear Ms. Jenkins:

Enclosed are the original and ten (10) copies of a revision for Ohio Tariff No. 1 filed on behalf of Public Communications Services, Inc. This filing introduces a new Rate Plan for the Company's Inmate services. The Company respectfully requests an effective date of October 5, 2009.

The following tariff pages are included:

2 <sup>nd</sup> Revised Page 2	Updates Check Sheet
1 <sup>st</sup> Revised Page 30	Text Changes
Original Page 30.1	Adds Rate Plan 2

Please acknowledge receipt of this filing by date stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided. Any questions you may have pertaining to this filing may be directed to me at (407) 740-3005 or via email at [mbyrnes@tminc.com](mailto:mbyrnes@tminc.com). Thank you for your assistance.

Sincerely,

Monique Byrnes, Consultant to  
Public Communications Services, Inc.

MB/sp

Enclosures

cc: R. Ferrer - PCS  
file: PCS - OH  
tms: OHn0902

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business  
Technician JS Date Processed 10-5-09

**The Public Utilities Commission of Ohio**  
**TELECOMMUNICATIONS APPLICATION FORM for ROUTINE PROCEEDINGS**  
(Effective: 01/18/2008)

RECEIVED-DOCKETING DIV

In the Matter of the Application of **Public Communications Services, Inc.** for a tariff revision

TRF Docket No. **2009 OCT -5 AM 10:06**  
Case No. **09-905-TP-AAC**  
NOTE: Unless you have reserved a Case # or are filing a Contract, leave the "Case No." field BLANK.

Name of Registrant(s): **Public Communications Services Inc.**

DBA(s) of Registrant(s)

Address of Registrant(s): **11859 Wilshire Boulevard, Suite 600, Los Angeles, CA 90025**

Company Web Address: **www.pctelcom.com**

Regulatory Contact Person(s): **Alison Maker, General Counsel**

Phone **310-231-1000**

Fax **310-954-2118**

Regulatory Contact Person's Email Address: **Alison.maker@teampcs.com**

Contact Person for Annual Report: **Kimberly Geuder**

Phone: **407-740-8575**

Address (if different from above) **Technologies Management, Inc., 2600 Maitland Center Parkway, Suite 300, Maitland, FL 32751**

Consumer Contact Information: **Vance MacDonald**

Phone: **310-231-1000**

Address (if different from above)

Motion for protective order included with filing? ☐ Yes ☒ No

Motion for waiver(s) filed affecting this case? ☐ Yes ☒ No [Note: Waivers may toll any automatic timeframe.]

**Section I – Pursuant to Chapter 4901:11-6 OAC – Part I – Please indicate the Carrier Type and the reason for submitting this form by checking the boxes below. CMRS providers: Please see the bottom of Section II.**

NOTES: (1) For requirements for various applications, see the identified section of Ohio Administrative Code Section 4901 and/or the supplemental application form noted.

(2) Information regarding the number of copies required by the Commission may be obtained from the Commission's web site at [www.puco.ohio.gov](http://www.puco.ohio.gov) under the docketing information system section, by calling the docketing division at 614-466-4095, or by visiting the docketing division at the offices of the Commission.

Carrier Type <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input type="checkbox"/> CTS	<input checked="" type="checkbox"/> AOS/IOS
<b>Tier 1 Regulatory Treatment</b>				
Change Rates within approved Range	<input type="checkbox"/> TRF 1-6-04(B) (0 day Notice)	<input type="checkbox"/> TRF 1-6-04(B) (0 day Notice)		
New Service, expanded local calling area, correction of textual error	<input type="checkbox"/> ZTA 1-6-04(B) (0 day Notice)	<input type="checkbox"/> ZTA 1-6-04(B) (0 day Notice)		
Change Terms and Conditions, Introduce non-recurring service charges	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)		
Introduce or Increase Late Payment or Returned Check Charge	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)	<input type="checkbox"/> ATA 1-6-04(B) (Auto 30 days)		
Business Contract	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)		
Withdrawal	<input type="checkbox"/> ATW 1-6-12(A) (Non-Auto)	<input type="checkbox"/> ATW 1-6-12(A) (Auto 30 days)		
Raise the Ceiling of a Rate	Not Applicable	<input type="checkbox"/> SLF 1-6-04(B) (Auto 30 days)		
<b>Tier 2 Regulatory Treatment</b>				
Residential - Introduce non-recurring service charges	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)		
Residential - Introduce New Tariffed Tier 2 Service(s)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(C) (0 day Notice)	
Residential - Change Rates, Terms and Conditions, Promotions, or Withdrawal	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	<input type="checkbox"/> TRF 1-6-05(E) (0 day Notice)	
Residential - Tier 2 Service Contracts	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	<input type="checkbox"/> CTR 1-6-17 (0 day Notice)	
Commercial (Business) Contracts	Not Filed	Not Filed	Not Filed	
Business Services (see "Other" below)	Detariffed	Detariffed	Detariffed	
Residential & Business Toll Services (see "Other" below)	Detariffed	Detariffed	Detariffed	

**Section I – Part II – Certificate Status and Procedural**

<b>Certificate Status</b>	<b>ILEC</b>	<b>CLEC</b>	<b>CTS</b>	<b>AOS/IOS</b>
<b>Certification (See Supplemental ACE form)</b>		<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 days)	<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 days)	<input type="checkbox"/> ACE <u>1-6-10</u> (Auto 30 days)
<b>Add Exchanges to Certificate</b>	<input type="checkbox"/> ATA <u>1-6-09(C)</u> (Auto 30 days)	<input type="checkbox"/> AAC <u>1-6-10(F)</u> (0 day Notice)	CLECs must attach a current CLEC Exchange Listing Form	
<b>Abandon all Services - With Customers</b>	<input type="checkbox"/> ABN <u>1-6-11(A)</u> (Non-Auto)	<input type="checkbox"/> ABN <u>1-6-11(A)</u> (Auto 90 day)	<input type="checkbox"/> ABN <u>1-6-11(B)</u> (Auto 14 day)	<input type="checkbox"/> ABN <u>1-6-11(B)</u> (Auto 14 day)
<b>Abandon all Services - Without Customers</b>		<input type="checkbox"/> ABN <u>1-6-11(A)</u> (Auto 30 days)	<input type="checkbox"/> ABN <u>1-6-11(B)</u> (Auto 14 day)	<input type="checkbox"/> ABN <u>1-6-11(B)</u> (Auto 14 day)
<b>Change of Official Name (See below)</b>	<input type="checkbox"/> ACN <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> ACN <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)
<b>Change in Ownership (See below)</b>	<input type="checkbox"/> ACO <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> ACO <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)
<b>Merger (See below)</b>	<input type="checkbox"/> AMT <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> AMT <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)
<b>Transfer a Certificate (See below)</b>	<input type="checkbox"/> ATC <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> ATC <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)
<b>Transaction for transfer or lease of property, plant or business (See below)</b>	<input type="checkbox"/> ATR <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> ATR <u>1-6-14(B)</u> (Auto 30 days)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)	<input type="checkbox"/> CIO <u>1-6-14(A)</u> (0 day Notice)
<b>Procedural</b>				
<b>Designation of Process Agent(s)</b>	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)	<input type="checkbox"/> TRF (0 day Notice)

**Section II – Carrier to Carrier (Pursuant to 4901:1-7), CMRS and Other**

<b>Carrier to Carrier</b>	<b>ILEC</b>	<b>CLEC</b>		
<b>Interconnection agreement, or amendment to an approved agreement</b>	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)	<input type="checkbox"/> NAG <u>1-7-07</u> (Auto 90 day)		
<b>Request for Arbitration</b>	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)	<input type="checkbox"/> ARB <u>1-7-09</u> (Non-Auto)		
<b>Introduce or change c-t-c service tariffs,</b>	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day)	<input type="checkbox"/> ATA <u>1-7-14</u> (Auto 30 day)		
<b>Introduce or change access service pursuant to 07-464-TP-COI</b>	<input type="checkbox"/> ATA (Auto 30 day)			
<b>Request rural carrier exemption, rural carrier suspension or modification</b>	<input type="checkbox"/> UNC <u>1-7-04 or</u> (Non-Auto) <u>1-7-05</u>	<input type="checkbox"/> UNC <u>1-7-04 or</u> (Non-Auto) <u>1-7-05</u>		
<b>Pole attachment changes in terms and conditions and price changes.</b>	<input type="checkbox"/> UNC <u>1-7-23(B)</u> (Non-Auto)	<input type="checkbox"/> UNC <u>1-7-05</u> (Non-Auto)		
<b>CMRS Providers</b> See 4901:1-6-15	<input type="checkbox"/> RCC [Registration & Change in Operations] (0 day)		<input type="checkbox"/> NAG [Interconnection Agreement or Amendment] (Auto 90 days)	
<b>Other* (explain):</b> Tariff Revision to introduce new Inmate service rate plan.				

*\*NOTE: During the interim period between the effective date of the rules and an Applicant's Detariffing Filing, changes to existing business Tier 2 and all toll services, including the addition of new business Tier 2 and all new toll services, will be processed as 0-day TRF filings, and briefly described in the "Other" section above.*

All Section I and II applications that result in a change to one or more tariff pages require, at a minimum, the following exhibits. Other exhibits may be required under the applicable rule(s). ACN, ACO, AMT, ATC, ATR and CIO applications see the 4901:1-6-14 Filing Requirements on the Commission's Web Page for a complete list of exhibits.

Exhibit	Description:
A	The tariff pages subject to the proposed change(s) as they exist before the change(s)
B	The Tariff pages subject to the proposed change(s), reflecting the change, with the change(s) marked in the right margin.
C	A short description of the nature of the change(s), the intent of the change(s), and the customers affected.
D	A copy of the notice provided to customers, along with an affidavit that the notice was provided according to the applicable rule(s).

**Section III. – Attestation**

Registrant hereby attests to its compliance with pertinent entries and orders issued by the Commission.

**AFFIDAVIT**

***Compliance with Commission Rules and Service Standards***

I am an officer/agent of the applicant corporation, Public Communications Services, Inc. , and am authorized to make this statement on its behalf. I attest that these tariffs comply with all applicable rules, including the Minimum Telephone Service Standards (MTSS) Pursuant to Chapter 4901:1-5 OAC for the state of Ohio. I understand that tariff notification filings do not imply Commission approval and that the Commission's rules, including the Minimum Telephone Service Standards, as modified and clarified from time to time, supersede any contradictory provisions in our tariff. We will fully comply with the rules of the state of Ohio and understand that noncompliance can result in various penalties, including the suspension of our certificate to operate within the state of Ohio.

I declare under penalty of perjury that the foregoing is true and correct.

October 2, 2009

at (Location) 2600 Maitland Center Parkway, Suite 300, Maitland FL 32751

Executed on (Date)

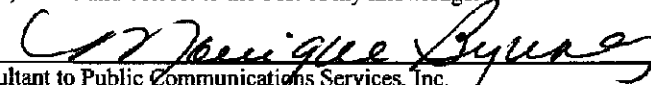
(Date) October 2, 2009

  
Monique Byrnes, Consultant to Public Communications Services, Inc.

- *This affidavit is required for every tariff-affecting filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

**VERIFICATION**

I, Monique Byrnes, Consultant to Public Communications Services, Inc. verify that I have utilized the Telecommunications Application Form for Routine Proceedings provided by the Commission and that all of the information submitted here, and all additional information submitted in connection with this case, is true and correct to the best of my knowledge.

  
Monique Byrnes, Consultant to Public Communications Services, Inc.

(Date) October 2, 2009

*\*Verification is required for every filing. It may be signed by counsel or an officer of the applicant, or an authorized agent of the applicant.*

***Send your completed Application Form, including all required attachments as well as the required number of copies, to:***

**Public Utilities Commission of Ohio  
Attention: Docketing Division  
180 East Broad Street, Columbus, OH 43215-3793**

***Or***

***Make such filing electronically as directed in Case No 06-900-AU-WVR***

**PUBLIC COMMUNICATIONS SERVICES, INC.**

**EXHIBIT A**

**SUPERSEDED TARIFF PAGES**

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**CHECK SHEET**

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

<b>PAGE</b>	<b>REVISION</b>		<b>PAGE</b>	<b>REVISION</b>
1	Original		26	Original
2	1 <sup>st</sup> Revised	*	27	Original
3	Original		28	Original
4	Original		29	Original
5	Original		30	Original
6	Original		31	Original
7	Original			
8	Original			
9	Original			
10	Original			
11	Original			
12	Original			
13	Original			
14	Original			
15	Original			
16	Original			
17	Original			
18	Original			
19	Original			
20	Original			
21	Original			
22	Original			
23	Original			
24	Original			
25	1 <sup>st</sup> Revised	*		

\* - indicates those pages included with this filing.

**SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)****3.9 Rates**

The following rates and charges apply to non-local calls placed by inmates of confinement institutions. Service is billed in one (1) minute increments following and initial one (1) minute billing period.

The Rate Plans below are applicable to the following Company services:

- Institutional Operator Assisted Calling
- Institutional Prepaid Collect Service
- Institutional Prepaid Service

**3.9.1 Rate Plan 1**

Rate per minute:	\$0.36
Operator Station Collect:	\$2.75

PUBLIC COMMUNICATIONS SERVICES, INC.

EXHIBIT B

PROPOSED TARIFF PAGES



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**CHECK SHEET**

Pages of this tariff, as indicated below, are effective as of the date shown at the bottom of the respective pages. Original and revised pages, as named below, comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this page.

<b>PAGE</b>	<b>REVISION</b>		<b>PAGE</b>	<b>REVISION</b>
1	Original		26	Original
2	2 <sup>nd</sup> Revised	*	27	Original
3	Original		28	Original
4	Original		29	Original
5	Original		30	1 <sup>st</sup> Revised *
6	Original		30.1	Original *
7	Original		31	Original
8	Original			
9	Original			
10	Original			
11	Original			
12	Original			
13	Original			
14	Original			
15	Original			
16	Original			
17	Original			
18	Original			
19	Original			
20	Original			
21	Original			
22	Original			
23	Original			
24	Original			
25	1 <sup>st</sup> Revised			

\* - indicates those pages included with this filing.

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Issued: October 5, 2009

Effective: October 5, 2009

Joe Pekarovic  
11859 Wilshire Boulevard, Suite 600  
Los Angeles, Ca 90025

Case No.:

OHn0902

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**SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**

**3.9 Rates**

Service is billed in one (1) minute increments following and initial one (1) minute billing period. (T)

**3.9.1 Rate Plan 1**

The following rates and charges apply to non local calls placed by inmates of confinement institutions.

The Rate Plan below is applicable to the following Company services: (T)

- Institutional Operator Assisted Calling
- Institutional Prepaid Collect Service
- Institutional Prepaid Service

Rate per minute: \$0.36

Operator Station Collect: \$2.75

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**SECTION 3 - DESCRIPTION OF SERVICE AND RATES, (CONT'D.)**
**3.9 Rates, (Cont'd.)****3.9.2 Rate Plan 2****A. Institutional Operator Assisted Calling**

	<u>Rate Per Minute</u>	<u>Operator Station Collect, per call</u>
Local	\$0.00	\$1.60
IntraLATA	\$0.05	\$2.00
InterLATA	\$0.05	\$2.00

**B. Institutional Prepaid Collect Service**

	<u>Rate Per Minute</u>	<u>Operator Station Collect, per call</u>
Local	\$0.00	\$1.10
IntraLATA	\$0.05	\$1.50
InterLATA	\$0.05	\$1.50

**C. Institutional Prepaid Service**

	<u>Rate Per Minute</u>	<u>Operator Station Collect, per call</u>
Local	\$0.00	\$1.10
IntraLATA	\$0.05	\$1.50
InterLATA	\$0.05	\$1.50

(N)

(N)

Issued: October 5, 2009

Effective: October 5, 2009

Joe Pekarovic  
 11859 Wilshire Boulevard, Suite 600  
 Los Angeles, Ca 90025

Case No.:

OHn0902