

State of Connecticut
Division of Emergency Telecommunications

E9-1-1 Surcharge Remittance Form

Form for Wireless/Commercial Mobile Radio Service, Pre-paid flat rate (non-declining balances) **ONLY**

Company Name: _____

Address: _____

Contact Person: _____ Telephone _____

Email Address: _____

Filing Period: _____

Month/Year

This report must be completed in its entirety and filed with the surcharge remittance

Total number of access lines _____ @ 67¢ = Total Amount Due \$ _____

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. **NOTICE:** Any false statement made herein which I do not believe to be true and which statement is intended to mislead a public servant in the performance of his or her official function is punishable as a Class "A" misdemeanor pursuant to Connecticut General Statutes Section 53a-157b.

Signature of taxpayer or duly authorized agent

Date

Checks shall be made payable to: Division of Statewide Emergency Telecommunications

And mailed to: Connecticut Department of Emergency Services and Public Protection
Division of Statewide Emergency Telecommunications
1111 Country Club Road
Middletown, CT 06457