STATE OF CONNECTICUT

DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Division of Statewide Emergency Telecommunications

Voice over Internet Protocol

E9-1-1 Surcharge Remittance Form 2015-2016

Company Name: _____

Address: _____

Contact Person: _____ Phone: _____

Email Address: _____

Surcharge Collected: Month: _____ Year: _____

This form must be completed in its entirety and accompany the 9-1-1 surcharge remittances.

Non DESPP forms, incomplete forms or forms not filed by the quarterly due dates will not be considered timely filed. Companies that did not provide responses to the Authority's interrogatories will be assessed at the single access line rate and are subject a notice of civil penalty pursuant to the provisions of Conn. Gen. Stat. §§16-41.

Please use the schedule below to calculate your payment:

Total quantity of lines per VOIP Subscriber with:

1 line:	_____	@ $0.51 =	$_____
2 lines:	_____	@ $0.38 =	$_____
3 lines:	_____	@ $0.34 =	$_____
4 - 5 lines:	_____	@ $0.31 =	$_____
6-10 lines:	_____	@ $0.26 =	$_____
11 - 25 lines:	_____	@ $0.20 =	$_____
26-50 lines:	_____	@ $0.17 =	$_____
51-99 lines:	_____	@ $0.13 =	$_____
100 or more lines:	_____	@ $0.10 =	$_____
		Total Amount Due:	$_____

NOTICE: Any false statement made herein and 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.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

_____ _____

Signature of 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