



STATE OF CONNECTICUT
 DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
 Division of Statewide Emergency Telecommunications

Wireless/Commercial Mobile Radio Service, Pre-paid flat rate (non-declining balances)*
 E9-1-1 Surcharge Remittance Form 2014-2015

Company Name: _____

Address: _____

Contact Name and Telephone _____

Email Address: _____

Filing Period (Month/Year) _____

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

Non DESPP forms, incomplete forms or forms not filed by the quarterly due dates will not be considered timely filed.

Total number of access lines _____ @ 70¢ = 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

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

Wireline and Voice over Internet Protocol have a separate reporting form and fee structure