

Signature of duly authorized agent:

State of Connecticut Department of Emergency Services and Public Protection Voice over Internet Protocol 911 Surcharge Remittance FY 19/20

Contact Person :			Phone:
Email Address:			
Surcharge Collected: Month	ı:		Year:
This form must be completed in	its entirety and accompan	y the 9-1-1 surcharge	remittances.
			will not be considered timely filed. be assessed at the single access line rate.
For customers (subscribers)	with multiple lines/tele	ephone numbers th	ne assessment is as follows:
Example : 5 customers hav	e 1 access line/telephone	e number (5 :	x 1) = 5 x \$0.58 = \$2.90
8 customers have	e 7 access lines/telephon	e numbers (8 x	$(7) = 56 \times \$0.29 = \16.24
3 customers have	100 access lines/telepho	ne numbers (3 x 10	
			Total Remittance \$ 55.14
A	В	С	D
Per Customer with:	Total Number of Access Lines /active telephone numbers	Per Line Rate	Access Lines/telephone numbers x Per Line Ra (total of column A x Column B x Column C) See Example Above
1 Access Line		\$0.58	
2 Access Line		\$0.44	
3 Access Lines		\$0.39	
4-5 Access Lines		\$0.35	
6-10 Access Lines		\$0.29	
11-25 Access Lines		\$0.23	
26-50 Access Lines		\$0.19	
51-99 Access Lines		\$0.15	
100 or more Access Lines		\$0.12	
TOTAL REMITTANCE			

Checks shall be made payable to: <u>Division of Statewide Emergency Telecommunications</u> and mailed to; Department of Emergency Services and Public Protection, 1111 Country Club Rd., Middletown, CT 06457

_____ Date: