

State of Connecticut Department of Emergency Services and Public Protection Wireline 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	e 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	he assessment is as follows:
Example: 5 customers have 1	access line/telephone n	umber (5 x 1	1) = 5 x \$0.58 = \$2.90
8 customers have 7	access lines/telephone	numbers (8 x 7	$(x) = 56 \times \$0.29 = \16.24
3 customers have 1	.00 access lines/telephor	ne numbers (3 x 10	0) = 300 x \$0.12 = \$36.00
			Total Remittance \$ 55.14
A	В	С	D
Per Customer with:	Total Number of	Per Line Rate	Access Lines/telephone numbers x Per Line R
	Access Lines /active		(total of column A x Column B x Column C)
	telephone numbers		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			
	1	1	1
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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