



9-1-1 Service Fee Remittance Report

GULF COAST REGIONAL 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT

Brazoria, Chambers, Colorado, Liberty, Matagorda, Walker, Waller, Wharton

Company Name: _____

Address: _____

Federal ID Number: _____

Service Fee Collected for Month _____ to _____, 20__

	Total Number of Residential Local Exchange Access Lines Billed	Total Residential 9-1-1 Service Fees Collected (\$.50 per Line)	Total Number of Business Local Exchange Access Lines Billed	Total Business 9-1-1 Service Fees Collected (\$.50 per Line)	Total Number of Trunks Billed	Total Trunk Fees Collected (\$.50 per Trunk)
Total						

Total Service Fee Collected: _____

Less Administrative Fee: (2%) _____

Net Fee Remitted to District: _____

****Note: Please contact the District directly if there are local exchange access lines or their equivalent for which the remitter is unable to determine whether such line is a Residential or Business line.*

Net Fees Should Be Remitted to:

Gulf Coast Regional 9-1-1 Emergency Communications District
P.O. Box 22777
Houston, TX 77227

Check No. or Elec. Fund Transfer No.: _____

Transfer Date: _____

SWORN CERTIFICATION

On oath, the undersigned, as authorized representative of the Remitter, certifies that the information on this remittance form is true, correct and complete in every respect, to the best of the undersigned's knowledge and belief. Furthermore, the undersigned understands and acknowledges that this information is subject to audit at the order of the District, as provided in Chapter 772, as amended of the Texas Health and Safety Code.

Signature of Authorized Representative

Date

Print Name

Title

E-Mail Address

Telephone Number