

GALVESTON COUNTY EMERGENCY COMMUNICATION DISTRICT

9-1-1 SERVICE FEE TRANSMITTAL FORM

Transmittal report of 9-1-1 service fees billed by:

_____ in the month of _____, 20__.

Company Name

The 9-1-1 service fee was assessed on:

_____ residential lines at \$.62 per line = \$ _____

_____ business lines at \$1.44 per line = \$ _____

_____ business trunks at \$2.10 per trunk = \$ _____

Fee transmittal: Total amount billed \$ _____

Less 1 % administrative fee \$ _____

Net fees transmitted \$ _____

Transmittal Date _____

Check or Elec. Fund Trnsf. No. _____

SWORN CERTIFICATION

On oath the undersigned certifies that the information on this transmittal form and attachments, if any, are true, correct, and complete in every respect. Furthermore, the undersigned understands that this information is subject to audit at the order of the District.

Signature

Date

Name (printed or typed)

Title (printed or typed)

MAIL WITH REMITTANCE CHECK TO:

Galveston County Emergency Communication District
1353 FM 646 West, Suite 101
Dickinson, TX 77539