

Annual 9-1-1 Emergency Service Fee Remitter Information Form

Note to Remitter: This form is to be completed and returned to the District at the following address, not later than October 30 of each year:

**Galveston County Emergency Communication District
1353 FM 646 Rd W, Suite 101
Dickinson, Texas 77539**

Name of Remitter: _____

Address: _____

Main Telephone Number: _____

Taxpayer Number: _____

NENA ID associated with 9-1-1 Calls: _____

Date of 9-1-1 Agreement with District (if Remitter has Facilities-Based Certificate of Authority granted by Texas PUC): _____

FCC ID or PUC Certificate Number (if applicable): _____

Remitter's Current 9-1-1 Monthly Service Fee Billing Contact Name, E-Mail, and Telephone Number: _____

Remitter's Current E9-1-1 Management Contact Name, E-Mail, and Telephone Number: _____

Remitter's Current E9-1-1 Regulatory Contact Name, E-Mail, and Telephone Number: _____

Remitter's Current E9-1-1 Network Operational Contact Name, E-Mail, and Telephone Number: _____

Remitter's Current E9-1-1 Database Operational Contact Name, E-Mail, and Telephone Number: _____

Remitter's Current E9-1-1 24 x 7 Emergency and Call Trace Contact Name, E-Mail, and Telephone Number: _____

SWORN CERTIFICATION

On oath, the undersigned, as authorized representative of the Remitter, certifies that the information on this transmittal form and attachments, if any, are true, correct and complete in every respect, to the best of the undersigned's knowledge and belief. Furthermore, the undersigned understands 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

Name (printed or typed)

Title (printed or typed)

E-Mail Address

Telephone Number