



State of Connecticut
Department of Emergency Services and Public Protection
Wireline 911 Surcharge Remittance SFY 20-21

Company Name : _____
Contact Person : _____ Phone: _____
Email Address: _____
Month Surcharge Collected: _____ Year: _____

This form must be completed in its entirety and accompany the 9-1-1 surcharge remittances.

Non DESPP forms, incomplete forms or forms not filed by the quarterly due dates will not be considered timely filed.

Companies that did not provide responses to the Authority's interrogatories will be assessed at the single access line rate.

For customers (subscribers) with multiple lines/telephone numbers the assessment is as follows:

Example: 5 customers have 1 access line/telephone number $(5 \times 1) = 5 \times \$0.68 = \$3.40$
8 customers have 7 access lines/telephone numbers $(8 \times 7) = 56 \times \$0.34 = \$19.04$
3 customers have 100 access lines/telephone numbers $(3 \times 100) = 300 \times \$0.14 = \$42.00$
Total Remittance \$ 64.44

A	B	C	D
Per Customer with:	Total Number of Access Lines /active telephone numbers	Per Line Rate	Access Lines/telephone numbers x Per Line Rate (Total of Column B x Column C) See Example Above
1 Access Line			
2 Access Line			
3 Access Lines			
4-5 Access Lines			
6-10 Access Lines			
11-25 Access Lines			
26-50 Access Lines			
51-99 Access Lines			
100 or more Access Lines			
TOTAL REMITTANCE			

Notice: Any false statement made herein and intended to mislead a public servant in the performance of his or her official function is punishable as a Class "A" misdemeanor pursuant to Connecticut General Statutes Section 53a-157b.

I declare the information in this document and any attachments are true and correct to the best of my knowledge and belief.

Signature of duly authorized agent: _____ Date: _____

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