

Attn: 9-1-1 Remittance

## State of Connecticut Department of Emergency Services and Public Protection

Wireless/Commercial Mobile Radio Service
9-1-1 Surcharge Remittance Form SFY 22/23 (July 1, 2022 - June 30, 2023)

Provide a name and contact information in case we need to reach out regarding any discrepancies.

Carrier Name:	
Carrier Contact Name:	Phone/Ext.:
Carrier Contact Email:	
Check here if you are using a 3rd party consultant to file remittance.	
Name of 3rd Party Company (if applicable):	
3rd Party Contact Name:	3rd Party Phone/Extension:
3rd Party Contact Email:	
Month of Surcharge Collection:	Year:
DESPP forms, outdated forms, incomplete for not be considered timely filed. Companies interrogatories will be assessed at the singular penalty and/or subject to a notice of suspension.	and accompany the 9-1-1 surcharge remittance. Non- rms or forms not filed by the quarterly due dates will is that did not provide responses to the Authority's le access line rate and are subject a notice of civil rension or revocation of their respective Certificates of the provisions of Conn. Gen. Stat. §§16-41 and 16-247g.
Total Number of Access Lines:	@ \$0.70 = Total Amount Due:
· ·	to mislead a public servant in the performance of his or her official suant to Connecticut General Statutes Section 53a-157b.
I declare the information in this document and any attach	chments 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 En	nergency Telecommunications

\* - Wireline and Voice over Internet Protocol have a separate reporting form and surcharge structure.

and mailed to: Department of Emergency Services and Public Protection, 1111 Country Club Rd., Middletown, CT 06457