

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 23/24 (July 1, 2023 - June 30, 2024)

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:	Sid Fairly Filolog Extension.
Month of Surcharge Collection:	Year:
DESPP forms, outdated forms, incomp not be considered timely filed. Con interrogatories will be assessed at the penalty and/or subject to a notice of	ntirety and accompany the 9-1-1 surcharge remittance. Non- plete forms or forms not filed by the quarterly due dates will empanies that did not provide responses to the Authority's the single access line rate and are subject a notice of civil of suspension or revocation of their respective Certificates of the count to the provisions of Conn. Gen. Stat. §§16-41 and 16-247g.
Enter the total number of access lines below to	automatically calculate your payment.
Total Number of Access Lines:	@ \$0.68 = Total Amount Due:
• •	tended to mislead a public servant in the performance of his or her official anor pursuant to Connecticut General Statutes Section 53a-157b.
I declare the information in this document and a	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: <u>Division of State</u> and mailed to: Department of Emergency Service	ewide Emergency Telecommunications s and Public Protection, 1111 Country Club Rd., Middletown, CT 06457

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