



## Wireline, Wireless VoIP Carrier Emergency Telephone Charge Remittance Form

Collection Month / Year: \_\_\_\_\_

Date: \_\_\_\_\_

Carrier Name: \_\_\_\_\_

Carrier FEIN: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Carrier Point of Contact Name: \_\_\_\_\_

Point of Contact Telephone Number: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

### Service Types and Surcharge Amounts

Wireline      \$1.35 per line      Amount: \_\_\_\_\_

Wireless      \$1.35 per line      Amount: \_\_\_\_\_

VoIP      \$1.35 per connection      Amount: \_\_\_\_\_

Sub Total      Amount: \_\_\_\_\_

Less Administrative Withholding (2%)      Amount: \_\_\_\_\_

Total Submitted      Amount: \_\_\_\_\_

Please submit checks, payable to the El Paso – Teller County 9-1-1 Authority, 2350 Airport Road,  
Colorado Springs, CO 80910