



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 \$2.00 per line Quantity: _____

Wireless \$2.00 per line Quantity: _____

VoIP \$2.00 per connection Quantity: _____

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