STATE OF MAINE
WIRELINE, WIRELESS POST-PAID AND VoIP
MONTHLY E9-1-1 SURCHARGE REMITTANCE FORM
EFFECTIVE JULY 1, 2010

PLEASE COMPLETE AND INCLUDE WITH YOUR SURCHARGE REMITTANCE

COMPANY NAME: _____ **FEDERAL ID #**_____

D/B/A: _____

ADDRESS: _____

CITY, STATE: _____**ZIP:** _____

CHECK DATE:_____**CHECK NO:**_____**SUBMITTED FOR**_____**MO/YR**

REMITTANCE FORMULA

1. NUMBER OF SERVICE LINES: **+**_____ **LINES X RATE PER LINE: .45 =** _____

2. NUMBER OF UNCOLLECTABLES: **-**_____ **LINES X RATE PER LINE: .45 =** _____

3. RECOVERED UNCOLLECTABLES: **+**_____ **LINES X RATE PER LINE: .45 =** _____

4. OTHER ADJUSTMENTS: **+ or -**_____ **LINES X RATE PER LINE: .45 =** _____
&
EXPLANATIONS: _____

5. REMITTANCE TOTAL: **=**_____ **$**_____

COMMENTS:

_____

_____

PREPARED BY: _____ **DATE:** _____

TELEPHONE: ( ) _____ **FAX: ( ) _____**

MAILING ADDRESS: _____

_____ **ZIP:** _____

REMIT TO: **TREASURER, STATE OF MAINE E9-1-1**
EMERGENCY SERVICES COMMUNICATION BUREAU

MAIL: 18 SHS, AUGUSTA, ME 04333

DELIVERY SERVICE: 101 SECOND ST, HALLOWELL, ME 04347

Updated 04-23-10. **Effective July 1, 2010**