

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