



State of Connecticut
 Department of Emergency Services and Public Protection
 Wireless/Commercial Mobile Radio
 Service 9-1-1 Surcharge Remittance Form
 FY 19/20

Company Name: _____

Contact Person : _____ Phone: _____

Email Address: _____

Surcharge Collected: Month: _____ Year: _____

This form must be completed in its entirety and accompany the 9-1-1 surcharge remittances.

Non DESPP forms, incomplete forms or forms not filed by the quarterly due dates will not be considered timely filed. Companies that did not provide responses to the Authority's interrogatories will be assessed at the single access line rate and are subject a notice of civil penalty and/or subject to a notice of suspension or revocation of their respective Certificates of Public Convenience and Necessity pursuant to the provisions of Conn. Gen. Stat. §§16-41 and 16-247g.

Please complete the section below to calculate your payment:

Total Number of Access Lines: _____ @ \$0.58= Total Amount Due: _____

Notice: Any false statement made herein and intended to mislead a public servant in the performance of his or her official function is punishable as a Class "A" misdemeanor pursuant to Connecticut General Statutes Section 53a-157b.

I declare the information in this document and 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: Division of Statewide Emergency Telecommunications and mailed to;
 Department of Emergency Services and Public Protection, 1111 Country Club Rd., Middletown, CT 06457

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