

**9-1-1 Remitter Information and Monthly Emergency Service Fee Reporting Form**

**Name of Service Provider:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_

**NENA ID associated with 9-1-1 Calls:** \_\_\_\_\_

**FCC ID or PUC Certificate Number, if applicable: Texas PUC Certificate No.** \_\_\_\_\_

**Date of 9-1-1 Agreement (if Certificate granted by Texas PUC):** \_\_\_\_\_

**Service Fee Billing Contact:**

**Name**  
**Title/Position**  
**Street Address**  
**City, State Zip**  
**email address**  
**Office Phone**  
**Toll Free Phone**

**Management Contact (Authorized Rep):**

**Name**  
**Title/Position**  
**Street Address**  
**City, State Zip**  
**email address**  
**Office Phone**  
**Toll Free Phone**

**Compliant Contact, Regulatory Contact:**

**Name**  
**Title/Position**  
**Street Address**  
**City, State Zip**  
**email address**  
**Office Phone**  
**Toll Free Phone**

**Name of Service Provider**

**Monthly 9-1-1 Emergency Service Fee Reporting Form  
(To Be Submitted on a Monthly Basis to the District)**

**Month/Year Collected** \_\_\_\_\_

<b># Residential Lines:</b>		<b>Amount Fees (\$.63)* Collected:</b>	
<b># Business Lines:</b>		<b>Amount Fees (\$1.71)* Collected:</b>	
<b># Trunk Lines:</b>		<b>Amount Fees (\$1.71)* Collected:</b>	
<b>Total Service Fees Collected:</b>			
<b>Less Administrative Fee (1%):</b>			
<b>Net Fee Remitted to District:</b>			

( \*Effective date of rate: November 1, 2012)

**Fee Remitted to:**

**Emergency Communication District of Ector County  
700 N Grant Ave, Suite 100  
Odessa, Texas 79761**

**Check No:** \_\_\_\_\_

**SWORN CERTIFICATION**

On oath, the undersigned certifies that the information on this transmittal form and attachments, if any, are, to the best of the undersigned's knowledge and belief, true, correct and complete in every respect. Furthermore, the undersigned understands that this information is subject to audit at the order of the District, as and to the extent provided for in Chapter 772, as amended, of the Texas Health and safety Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Title (printed or typed)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail address