

## 9-1-1 Service Fee Remittance Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SPCOA Number: \_\_\_\_\_

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|                      |   |
|----------------------|---|
| Period of Collection | The month and year for which the service fee was collected  |
| Line Count           | The number of telephone lines billed on the first day of the reported month                                     |
| Admin Fee            | 1% of the Gross and may be retained by the remitting CLEC   |
| Net Fees Remitted    | (Line Count * Rate) - 1%  |
| Grand Total          | The sum of net fees remitted for each class of service and should be equal to the amount of the check submitted |

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### Period of Collection:

| Class of Service       | Line Count | Line Rate | Gross | Admin Fee (1%)     | Net Fees Remitted |
|------------------------|------------|-----------|-------|--------------------|-------------------|
| Lubbock Co Residential |            | \$0.72    |       |                    |                   |
| Lubbock Co Business    |            | \$2.70    |       |                    |                   |
| Lubbock Co Trunk       |            | \$2.70    |       |                    |                   |
| Plainview Residential  |            | \$0.72    |       |                    |                   |
| Plainview Business     |            | \$2.70    |       |                    |                   |
| Plainview Trunk        |            | \$2.70    |       |                    |                   |
|                        |            |           |       | <b>Grand Total</b> |                   |

The undersigned certifies that the information on this transmittal for is, 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.

Prepared by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Please remit to:  
 Lubbock Emergency Communication District  
 6032 43rd St  
 Lubbock, TX 79407-3711  
 contracts@lubbock911.org