Richland Parish Communications District

Administrators of the Richland Parish 9-1-1 System

THIS COMPLETED FORM IS REQUIRED WITH SUBMISSION

E-911 TELEPHONE SERVICE CHARGE RETURN

PERIOD COVERED _____

(From Month/Day/Year to Month/Day/Year)

A 9-1-1 surcharge shall be assessed on every device/line in Richland Parish that is capable of connecting to the emergency communications center via 9-1-1.

CARRIER: _____ DATE PREPARED: _____

ADDRESS: _____ EIN: _____

_____

TYPE	RATE	TOTAL CUSTOMERS BILLED	GROSS	LESS ADMINISTRATIVE FEE (1% OF TOTAL)	NET
RESIDENTIAL	$0.99		$	$	$
COMMERCIAL	$2.33		$	$	$
WIRELESS	$1.15		$	$	$
				TOTAL REMITTANCE	$

I certify that I am authorized to provide the above information, and that to the best of my knowledge and belief, the foregoing remittance is accurate, complete, and is the correct amount due for the time period on this form.

Preparers Name _____ Preparers Signature: _____

(print)

Preparers Email: _____ Preparers Telephone #: _____

PLEASE MAKE CHECK PAYABLE TO: RICHLAND PARISH COMMUNICATIONS DISTRICT

SEND COMPLETED FORM AND REMITTANCE TO:

RICHLAND PARISH COMMUNICATIONS DISTRICT
PO BOX 855
RAYVILLE, LA 71269

NOTE: If your company re-sells to non-facilities CLECS or CMRS resellers, attach a schedule showing their name, address, contact person, number of lines resold, the period of the resale and the amount of 9-1-1 service charges billed.