

# Jurisdiction

The jurisdiction of the District covers the entirety of Lubbock County. This includes cities, as well as unincorporated areas. The following cities are within the jurisdiction of the District:

- Lubbock
- New Deal
- Idalou
- Buffalo Springs
- Lake Ransom Canyon
- Slaton
- Wolfforth
- Shallowater
- Abernathy
- Plainview\*

*\*Due to an interlocal agreement between the District and the City of Plainview, the City of Plainview is included in the jurisdiction of the District, despite being in Hale County. With the exception of the cities listed above, the District has no jurisdiction in Hale County.*

# District Contact Information

Lubbock Emergency Communication District  
6032 43<sup>rd</sup> St  
Lubbock, TX 79407-3711  
  
(806) 747-6911

Management	Annie Wall, <i>Operations Manager</i>	contracts@lubbock911.org
Contract & Billing	Maria Cavazos, <i>Executive Assistant</i>	contracts@lubbock911.org
GIS/Addressing	Brad Patrick, <i>GIS/Addressing Coordinator</i>	gis@lubbock911.org

# Service Fee Rates

The 9-1-1 Emergency Service Fee shall be charged pursuant to Chapter 772 of the Texas Health and Safety Code. The fee shall be applied per entity, per location, to a maximum of 100 lines.

Residential lines	\$0.72 flat fee per line
Business lines	\$2.70 flat fee per line
Business trunks	\$2.70 flat fee per trunk

# Annual 9-1-1 Service Fee Remitter Information

This form is to be completed annually. Items marked with an asterisk (\*) only apply to remitters having a Certificate of Authority granted by the Texas PUC. Please return this form to the District at the following address:

Lubbock Emergency Communication District  
6032 43<sup>rd</sup> St  
Lubbock, TX 79407-3711  
[contracts@lubbock911.org](mailto:contracts@lubbock911.org)

Remitting Company	
Mailing Address	
Federal Employer Identification (FEIN)	
Main Telephone Number	
PUC Certificate Number (*)	

*Please submit a name, email, and telephone number for current contacts in the following areas:*

Management	
Contract & Billing	

The undersigned certifies that the information on the transmittal form 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.

Printed Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_