

# Annual 9-1-1 Emergency Service Fee Remitter Information Form

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 43rd St  
Lubbock, TX 79407-3711  
contracts@lubbock911.org

Name of Remitter	
Mailing Address	
Taxpayer Number	
Main Telephone Number	
NENA ID associated with 9-1-1 calls	
Date of 9-1-1 Agreement with District (*)	
FCC ID or 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 this 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: \_\_\_\_\_