

9-1-1 Service Fee Remittance Report

Company Name: _____

Address: _____

SPCOA Number: _____

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

Period of Collection: _____

Class of Service	Line Count	Line Rate	Gross	Admin Fee (1%)	Net Fees Remitted
Lubbock Co Residential		\$0.50			
Lubbock Co Business		\$1.87			
Lubbock Co Trunk		\$1.87			
Plainview Residential		\$0.50			
Plainview Business		\$1.87			
Plainview Trunk		\$1.87			
				GRAND TOTAL	

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.

Prepared by: _____

Signature: _____

Date: _____

Phone: _____

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