RAPIDES PARISH 9-1-1 SURCHARGE

REMITTANCE FORM

PHONE COMPANY: _____

ADDRESS: _____

_____

TAXPAYER ID#: __ __ - __ __ __ __ __ ___ ___ FEIN: _____

REPORTING PERIOD: _____ ***THRU***_____

	SUBSCRIBER COUNT	RATE	ADMIN DISCOUNT	COLLECTED
WIRELINE				
BUSINESS	_____	$ 8.00	_____	$ _____
RESIDENTIAL	_____	$ 2.25	_____	$ _____
VOIP				
BUSINESS	_____	$ 8.00	_____	$ _____
RESIDENTIAL	_____	$ 2.25	_____	$ _____
WIRELESS	_____	$ 1.25	_____	$ _____

TOTAL REMITTED: $_____

I declare under the penalty of perjury that the above return is true, correct and complete to the best of my knowledge

Signature: _____ Title: _____

Printed Name: _____

EMAIL: _____ Phone Number: _____

MAIL TO: RAPIDES PARISH COMMUNICATIONS DISTRICT (911)

4216 ELLIS ST

ALEXANDRIA, LA 71302