Caddo Parish 9-1-1 Emergency Telephone Service Charge Remittance Form

Service Provider: _____

FEIN: _____

Make checks payable to:
CADDO PARISH COMMUNICATIONS DISTRICT NUMBER ONE
1144 TEXAS AVENUE
SHREVEPORT, LA 71101

Enclosed you will find check number _____ in the amount of _____ for the Caddo Parish 9-1-1 emergency telephone service charge for the period indicated below:

_____ through _____

Total Business Wireline Customers Billed: _____ x $5.60 = $ 0.00

Total Business VoIP Customers Billed: _____ x $5.60 = $ 0.00

Total Residential Wireline Customers Billed: _____ x $1.75 = $ 0.00

Total Residential VoIP Customers Billed: _____ x $1.75 = $ 0.00

Total Wireless Customers Billed: _____ x $2.00 = $ 0.00

Less Administrative Fee (1% of Total): _____

Total Surcharge Remitted: _____

Should you have any questions regarding this remittance, please contact me:

Name of Preparer: _____

Phone # _____ E-mail: _____

Mailing Address: _____