

**PUBLIC ACT 379 OF 2008 LOCAL 911 COLLECTION AND REMITTANCE CONTACT INFORMATION
JULY 2016-JUNE 2017**

A. County Information

County Name	
Name of Person Completing Form	
Phone Number	E-Mail Address
Is the county collecting a local surcharge from July 1, 2016, to June 30, 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes" to the above question, what is the monthly amount?	AMOUNT
Is the county interested in electronic fund transmittal of local surcharge funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Primary Remittance Information

Primary Remittance Contact Name	
Primary Remittance Contact Address	
Phone Number (Include Area Code)	Fax Number (Include Area Code)
E-Mail Address	

C. Geographical Information

Geographical Contact Name	
Geographical Contact Address	
Phone Number (Include Area Code)	Fax Number (Include Area Code)
E-Mail Address	

D. County 911 Director/Coordinator Information

County 911 Directory/Coordinator Contact Name	
County 911 Directory/Coordinator Contact Address	
Phone Number (Include Area Code)	Fax Number (Include Area Code)
E-Mail Address	

E. Authorization

County Clerk or County Coordinator Printed Name	Date
County Clerk or County Coordinator Signature – A signature, electronic or original, is required.	
AUTHORITY: 2008 PA 379; COMPLIANCE: Voluntary; PENALTY: No Funding	

Return to:
hansels@michigan.gov

**This form must be signed and received at the State 911 Office by
Friday, May 13, 2016.**

This form can be accessed at www.michigan.gov/snc