

## Service Supplier Local 911 Charge Template

### Part 1: Supplier Information

Each month, service suppliers within a 911 service district are required to bill and collect a local 911 charge from all service users, except for users of a prepaid wireless service, as authorized by a county board of commission per MCL 484.1401b. The charge is to be listed separately on each bill or payment receipt as "local 911 charge." The county 911 charge collected under Sec 401b must be paid quarterly directly to the county. For additional information and a listing of current rates for 911 charges, click [here](#).

Account Number (Federal Employer Identification Number): \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address <i>(street number, P.O. Box)</i>	City	State	Zip Code

Filing Period:

Jan-Feb-Mar	Apr-May-Jun
Jul-Aug-Sep	Oct-Nov-Dec

Filing Period Year:

County Filing For:

### Part 2: Local 911 Charges

Section A: First ten (10) access points or lines for each service user's account.

Calculate the total charges collected on each access point or line billed at the full local 911 charge. This rate applied to each of the first ten (10) access points or lines of service user's account.

Month	Number of additional access points or lines billed at the full rate	Charge (rate)	Total
1.			
2.			
3.			
4.		TOTAL	

Section B: Additional access points or lines for each service user's account.

Calculate the total charges collected on each access point or line in excess of ten (10) on each service user's account billed at the applicable local 911 charge. The applicable charge for each block of (10) access points or lines after the first ten (10) lines is the full local local 911 charge used in Section A.

Month	Number of access points or lines billed at the full rate	Charge (rate)	Total
5.			
6.			
7.			
8.		TOTAL	

9. Total local 911 charges collected (add line 4 and line 8).	
10. Multiply line 9 by 2% (0.02). This is the allowable amount the service supplier may retain.	
11. Total local 911 charges due (subtract line 10 from line 9).	
12. Total payment enclosed with this return.	

### Part 3: Certification

I declare, under penalty of perjury, the information on this form is true and complete to the best of my knowledge.

Signature \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_