

# CITY OF DILLINGHAM

PO Box 889, Dillingham, AK 99576

Phone (907) 842-5225 Fax (907) 842-5691

## E911 Fee Report

Reports must be filed within 60 days after the end of the month in which the amount was collected, or not later than the first day City Hall is open for regular business. A postmark will be accepted as evidence of timely filing. DMC 8.16.050

Business Name \_\_\_\_\_  Final Report

Address \_\_\_\_\_

Business ID \_\_\_\_\_ Period Ending- Month: \_\_\_\_\_ Year: \_\_\_\_\_

FIN, EIN, or SSN \_\_\_\_\_  Monthly  Quarterly

1. <b>Phone Line Count:</b>	Land: _____	Mobile _____	_____ (1)
2. <b>Less All Non-Applicable Lines</b>			_____ (2)
a. Sales to Exempt Organizations			
	Land: _____	Mobile _____	_____
b. Others			
	Land: _____	Mobile _____	_____
3. <b>Total Exempt Phone Line Patrons</b>	(Total a, b)		_____ (3)
4. <b>Net Phone Line Patrons</b>	(Subtract Line 3 from Line 1)		_____ (4)
5. <b>Amount of Fees Due</b>	(\$1.76 multiple by Line 4)	\$	_____ (5)
6. <b>Adjustments From Previous Month</b>	(attach statements)	\$	_____ (6)
7. <b>Total Lines 5, 6</b>		\$	_____ (7)
8. <b>Less Administrative Fee</b>	(Great of 1% or \$150.00 and if remitted timely)	\$	_____ (8)
9. <b>Total Due</b>	(Subtract line 11 from Line 10)	\$	_____ (9)
	<b>Total Amount Remitted</b>	\$	_____

I declare subject to the penalties prescribed in the City of Dillingham ordinances, that this report (including any accompanying log) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Office Use Only  Visa  Cash

Agent Initials \_\_\_\_\_ Postmark Date \_\_\_\_\_ Enter Date \_\_\_\_\_  Check # \_\_\_\_\_