

CMRS PROVIDER REMITTANCE FORM

Submit to: **Indiana Wireless Enhanced 911 Advisory Board**
Treasurer of State
State House
200 West Washington Street, Room 242
Indianapolis, Indiana 46204-2792

From: Wireless Service Provider _____
Address _____
City, State Zip _____

Contact name and phone number: _____

CMRS providers, as defined by IC 36-8-16.5-6, are required to collect a fee from each subscriber with a billing address in Indiana. Pursuant to IC 36-8-16.5, the following information pertaining to the number of subscribers is considered proprietary information and will not be released as a public record.

The following is a reporting of collections for the period from _____ through _____.
(date) (date)

Subscribers:	_____
Reseller Subs:	_____
Prepaid Subs:	_____
Total Subscribers:	_____
Fee:	_____ x .50
Total Collections:	_____
Less 1.4%:*	- _____
Total Remittance:	_____

** IC 36-8-16.5-35 A CMRS provider may keep seven tenths of a cent (\$.007) of the emergency wireless enhanced 911 fee collected each month from each subscriber for the purpose of defraying the administrative costs of collecting the fee.*

I certify to the best of my knowledge and belief that the foregoing remittance is accurate and is the correct amount due the board.

Name(printed): _____ Title: _____

Signature Date: _____