



E911 Surcharge Fee Remittance Form
Elko County, Nevada
Nevada Revised Statutes: NRS 244A.7641 to NRS 244A.777

Reporting Period: Month
Year

Business Name: _____
Business Address: _____
Business Address: _____
Business City, State, Zip: _____
Business Telephone/Fax: _____
Tax ID#: _____

What type of services does your business provide?

- Land Lines Reseller
 Wireless VOIP

Total Number of Telephone Service Lines for month reported: _____
Rate Per Line: 25 cents per line 0.25
Total Fees Collected for Service lines for month reported: _____
Total Number of Trunk Lines for month reported: _____
Rate Per Trunk: \$2.50 per trunk 2.50
Fees Collected for Trunk Lines for month reported: _____
Total Fees Collected: _____
Less Administrative Fee: _____
NET AMOUNT REMITTED: _____

Remittance Address:
Elko County Fiscal Affairs
540 Court Street, Suite 101
Elko, NV 89801

Prepared by _____

Date _____