

**STATE OF IOWA
COMMUNICATIONS SURCHARGE REMITTANCE**

TO: Iowa Homeland Security and Emergency Management Department Attn: E-911 Program Manager 7900 Hickman Road, Suite 500 Windsor Heights, IA 50324

**PAYABLE TO: IOWA HOMELAND SECURITY AND EMERGENCY
MANAGEMENT DEPARTMENT**

Communications Service Provider: _____	Company Name
_____	Address
_____	City, State, Zip
_____	Contact Person
_____	Contact E-Mail
_____	Phone (include area code)

Enclosed, please find the surcharge collected for the 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> (select one)
Calendar quarter for (year) _____
In the amount of \$ _____

Signed by: _____

Please Print Name: _____

Title: _____

*****This surcharge is to be remitted to the Iowa Homeland Security and Emergency Management Department, ATTN: E-911 Program, by the 20th day after the end of each calendar quarter, meaning it must be IN our office no later than Jan. 20, April 20, July 20, and Oct. 20. This form with an original signature must accompany remittance.***