

**STATE OF IOWA
COMMUNICATIONS SURCHARGE REMITTANCE**

| | |
|------------|--|
| TO: | Homeland Security and Emergency Management Department Attn: E911 Program Manager 7105 NW 70 th Ave Camp Dodge – Bldg W4 Johnston IA 50131 |
|------------|--|

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

| | |
|--|---------------------------|
| Communications Service Provider: _____ | Company Name |
| _____ | Address |
| _____ | City, State, Zip |
| _____ | Contact Person |
| _____ | 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"/> (please select) |
| 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: E911 Program, by the 20th day after the end of each calendar quarter, meaning it must be IN our office no later than January 20th, April 20th, July 20th, and October 20th. This form with an original signature must accompany remittance.**