

**STATE OF IOWA
WIRELESS ENHANCED 911 SURCHARGE REMITTANCE**

TO:	Homeland Security and Emergency Management Division Attn: E911 Program Manager 7105 NW 70 th Ave. Camp Dodge – Bldg. W4 Johnston, IA 50131
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**PAYABLE TO: IOWA HOMELAND SECURITY AND EMERGENCY
MANAGEMENT DIVISION**

Wireless Service Provider:	_____ (Company name)
Contact Person:	_____
Address:	_____
City, State, Zip:	_____
Phone:	____ - ____ - _____

Enclosed, please find the surcharge collected for the:	
1 st 2 nd 3 rd 4 th	calendar quarter for _____ (year)
(Choose one)	
	in the amount of \$ _____

Signed by: _____

Please Print Name: _____

Title: _____

*This surcharge is to be remitted to the Iowa Homeland Security and Emergency Management Division within 20 days of the end of the calendar quarter, **must be in our office by January 20th, April 20th, July 20th, October 20th**. This form with an original signature must accompany remittance.*