



REVISED OPERATIONAL SURCHARGE 911 SAMPLE STATEMENT

Service Provider Name: _____

Settlement Period (Quarterly): _____

SAMPLE

Community	Billing Month January # of Devices	Billing Month February # of Devices	Billing Month March # of Devices	Total Devices	Rate	Surcharge Due
Belleville	22	10	16	47	\$0.42	\$ 19.74
Canton Twp	52	102	125	279	\$0.42	\$ 117.18
Dearborn						
Dearborn Hts						
Garden City	12	13	16	40	\$0.42	\$ 16.80
Huron Twp (New Boston)						
Inkster						
Livonia						
Northville						
Northville Twp	11	15	14	40	\$0.42	\$ 16.80
Plymouth						
Plymouth Twp						
Redford Twp	12	20	22	54	\$0.42	\$ 22.68
Romulus (Middlebelt)						
Sumner Twp						
Van Buren Twp (Riversonville)						
Wayne						
Wayne County Airport						
Westland (Elyse)	10	15	18	43	\$0.42	\$ 18.06
SUBTOTAL						\$ 211.26
Less 2% Billing & Collection Fee (if applicable)					\$211.26 x 2%	\$ - 4.23
TOTAL \$	119	175	209	503		\$ 207.03

Local Contact Name: _____

Title: _____

Address: _____

Phone: _____

Fax Number: _____

email: _____