



CITY OF SAVANNAH, GEORGIA

E-911 EMERGENCY TELEPHONE SERVICE FEE

IMPORTANT: This return must be filed and the fees paid no later than sixty (60) days after the last business day of the reporting period for which the fee is collected.

Return for period \_\_\_\_\_ 20 \_\_\_\_

Date Filed \_\_\_\_\_

Business Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Tax ID No. \_\_\_\_\_

\_\_\_\_\_

City Account Number \_\_\_\_\_

	A. Gross Units	B. Less: Exempt Units	C. Adjusted Gross Units (A-B)	D. Fee Rate	E. Gross Fees (C x D)
1. Landlines				\$1.50	\$
2. Wireless Subscribers				\$1.50	\$
3. VOIP				\$1.50	\$

4. Total Gross E-911 Fees (Lines 1, 2 & 3) \$ \_\_\_\_\_

5. LESS the Administrative Fee (3% of Line 4) \$ \_\_\_\_\_

**6. Net Amount Reported & Remitted to the City of Savannah** \$ \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS RETURN AND IT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF A TRUE AND COMPLETE RETURN FOR THE PERIOD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

Mail Return and Payment to: City of Savannah  
Revenue Department  
P.O. Box 1228  
Savannah, GA 31402-1228