



togetherforbetter

911 TELEPHONE LINE SURCHARGE FEE REMITTANCE FORM
(FOR SURCHARGES ASSESSED BETWEEN APRIL 1, 2026 AND MARCH 31, 2027)
CLARK COUNTY, NEVADA (ORD. #5331)

Reporting Period: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City, State Zip: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

1. What type of service does your business provide:

- Land Lines Wireless Reseller Prepaid VOIP

2. Total Number of Telephone Access Lines and Mobile numbers assigned:

- 2a. Access Lines (land lines) 2a.
2b. Mobile phone numbers (wireless) 2b.
2c. Reseller 2c.
2d. Prepaid 2d.
2e. VOIP 2e.
2z. Total Number of Telephone Access Lines and Mobile numbers assigned (Add Lines 2a through 2e) 2z.

3. Rate per line: \$0.50 per line/number per month 3. \$ 0.50

4. Fees collected from access/mobile lines (Multiply Line 2z by Line 3) 4.

5. Total number of Trunk Lines for month reported: 5.

6. Rate per Trunk Line: \$5.00 per trunk line per month 6. \$ 5.00

7. Fees collected for trunk lines (Multiply Line 5 by Line 6) 7.

8. Total fees collected (Add lines 4 and Line 7) 8.

9. Less: Administrative Fee: 9.

10. NET AMOUNT REMITTED (Subtract Line 9 from Line 8) 10.

Remittance Address:
Clark County Department of Business License
PO Box 551810
Las Vegas, NV 89155-1810

Prepared By
Date