**Section 729.APPENDIX B Format of Carrier Remittance Transmittal**

CARRIER REMITTANCE OF WIRELESS E9-1-1 FUNDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CARRIER NAME |  |  |  |  |  |  |
| CARRIER FEIN |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CARRIER ADDRESS |  |  |  |  |  |  |
| CITY/ST/ZIP |  |  |  |  |  |  |
| CONTACT NAME |  |  |  |  |  |  |
| CONTACT PHONE # |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| REMITTANCE AMT | $ |  |  |  |  |  |
|  |  |  |  |  |  |  |
| CHECK NUMBER |  |  |  |  |  |  |
| CHECK DATE |  |  |  |  |  |  |

REMITTANCE MONTHLY BREAKDOWN:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MO/YR Billed | | |  | Amount Remitted |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  | / |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL REMITTED |  |  |  |  | $ | \*\* |
|  |  |  |  |  |  |  |

\*\* Must agree with Remittance Amount listed at top of form.

Send Check and remittance to:

**Illinois Commerce Commission**

IL WETSA

527 East Capitol Avenue

Springfield, IL 62701