

**GENERAL BILLING ADMINISTRATION**

**VOIP E911**

**BUSINESS LOCATION**

**016**

**BILLING DATE**

TVP/		
ACCOUNT NUMBER	REPORTING PERIOD	AMOUNT ENCLOSED

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION CONTAINED  
IN THIS DOCUMENT IS TRUE AND CORRECT.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NO. \_\_\_\_\_

Business Name & Address

# OF LINES	
FEE @ \$1.50 /LINE	
- 3 PCT COL FEE	
NET AMOUNT DUE	

**ORIGINAL – RETURN TO CITY OF ATLANTA**