



**STATE OF TENNESSEE
 TENNESSEE EMERGENCY COMMUNICATIONS BOARD
 DEPARTMENT OF COMMERCE AND INSURANCE
 500 JAMES ROBERTSON PARKWAY, NINTH FLOOR
 NASHVILLE, TENNESSEE 37243
 615-253-2164/FAX: 615-401-7642**

**REQUEST FOR REIMBURSEMENT OR PAYMENT OF OBLIGATIONS INCURRED
 RECURRING AND NON-RECURRING COSTS RELATED TO THE
 PROVISION OF AUTOMATIC LOCATION INFORMATION**

PROVIDER: _____
CONTACT: _____
ADDRESS: _____

In accordance with Tenn. Code Ann. § 7-86-306(a)(10), the undersigned requests, on behalf of the above stated party, the following reimbursement for expenditures and/or payment of obligations incurred to implement, operate, maintain or enhance wireless enhanced 911 service in Tennessee from the Tennessee Emergency Communications Board.

	Date		Date	Cost
Non-Recurring Costs		through		
Monthly Recurring Costs		through		
Total Costs				

Do the above costs represent 100% of the provider's costs? ____ If not, what percentage? ____

List Counties Served: (if necessary, provide an attachment) _____

CERTIFICATION

I hereby certify that this request for cost recovery, which is submitted to the Tennessee Emergency Communications Board pursuant to Tenn. Code Ann. § 7-86-306(a)(10), is correct and valid and for services actually provided. I further certify that the amount claimed was expended to implement, operate, maintain or enhance statewide wireless enhanced 911 service in conformance with all applicable orders and rules of the Federal Communications Commission and other federal and state requirements that pertain to wireless enhanced 911 service.

Signature of Party's Agent

Date

Title