



**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 OF RECURRING AND NON-RECURRING  
 COSTS FOR IMPLEMENTATION FOR E-911**

**PROVIDER:** \_\_\_\_\_  
**CONTACT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

In accordance with Tenn. Code Ann. § 7-86-306(a)(10) and the agreement for cost recovery, the undersigned requests, on behalf of the above stated provider, 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	through	Date	Cost	Check Appropriate Costs	
					P1	P2
Non-Recurring Costs						
Monthly Recurring Costs						
<b>Total Cost Reimbursement</b>						

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

**List Counties Served:** \_\_\_\_\_  
 \_\_\_\_\_

**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) and the agreement for cost recovery, is correct and valid. 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 Carrier's Agent** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**  
 State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 200\_, before me personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument and who acknowledged that such person executed the same as such person's free act and deed.

\_\_\_\_\_  
 Notary Public