

## 911 Fee Adjustment Request

If you would like to request an adjustment for the number of units that are counted toward your 911 fee, please fill out the following information and a representative will follow up with you as soon as possible.

Name:	
Service Address:	
Phone Number:	
Account Number:	·
Adjusted number of units req	uested:
(This is the requested total number of the 911 fee.)	f units that will be responsible for
Pursuant to City of Georgetown Ordinance 2020-1 this Ordinance shall result in a \$10/month penalty responsible for payment of the 911 Service Fee wh the Fee shall be guilty of a Class A Misdemeanor.	y, per delinquent occupied unit. Any party ho misrepresents his/her/its obligation to remi
Signature:	Date: