

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING**

TELECOMMUNICATIONS RELAY SERVICE SURCHARGE MONTHLY REPORT 1

SURCHARGES ARE TO BE COLLECTED IN ACCORDANCE WITH N.C.G.S. 62-157 AND NORTH CAROLINA UTILITIES COMMISSION ORDER(S) IN DOCKET P-100, AND ARE TO BE REMITTED MONTHLY, ACCOMPANYING THIS REPORT, NO LATER THAN THE TWENTIETH (20TH) OF THE FOLLOWING MONTH. CHECKS SHOULD BE MADE PAYABLE TO:
DHHS - RELAY NORTH CAROLINA AND MAILED AS FOLLOWS:

DHHS - CONTROLLER'S OFFICE, AR
2025 MAIL SERVICE CENTER
RALEIGH, NC 27699-2025

LEC/CLP/TMC: _____

Surcharges Collected/Billed for Calendar Month Ending: _____
Month/Day/Year

Number of Qualified Access Lines Billed During Calendar Month: _____

Number of Qualified Access Lines Collected During Calendar Month: _____

Surcharge Billed (\$0.08 per qualified access line): _____

Less: Billing & Collection Charge (\$0.01 per access line collected) _____

Less: Uncollectible/Adjustments for Prior Periods _____

Net Amount Remitted to DHHS: _____

Remitted by (COMPANY, if different from above) _____

Authorized by (Please print): _____

Authorized Signature: _____

Phone No. and Date: _____