

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

**TELECOMMUNICATIONS RELAY SERVICE SURCHARGE MONTHLY REPORT**

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 (\$0.14 per qualified access line): \_\_\_\_\_

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

Less: Uncollectibles/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: \_\_\_\_\_