**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING**

**I 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: 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:**