

**SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
SC TELECOMMUNICATIONS RELAY SYSTEM INVOICE**

Billing for access lines in service in the Month of: \_\_\_\_\_

*Name of Company:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Here if information to the left is incorrect and provide correct information below.

Attn: \_\_\_\_\_

Title: \_\_\_\_\_

Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone No: (    ) \_\_\_\_\_

E-Mail address of contact person: \_\_\_\_\_

1. Previous Balance	\$	_____
2. Number of Local Access Lines in SC for the Month of _____	#	_____
3. Rate per Access Line		_____ .03
4. Calculate Amount Due (Line 2 x Line 3)	\$	_____
5. Administrative Fee Allowed (Line 4 x 2%)	\$	_____
6. Less: Amount Paid to ILEC's on Resold Lines (Amount of lines resold to & collected by ILEC's) <i>**Please attach copy of page from bill showing payment**</i>	\$	_____
7. Total Payment Due (Line 1 + Line 4 - Line 5 - Line 6)	\$	_____

I hereby affirm that the information reported herein is true and accurate to the best of my knowledge:

Company Official: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)

Company Official: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature)

Please make check payable to: The Office of Regulatory Staff

Mail check and copy of bill to:

The Office of Regulatory Staff  
Attention: Kari Munn  
1401 Main St., Ste. 900  
Columbia, SC 29201

**PAYMENTS ARE DUE ON OR BEFORE THE 15TH OF THE MONTH**

South Carolina Office of Regulatory Staff  
1401 Main St., Ste. 900  
Columbia, SC 29201  
1-803-737-0800