

**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 Access Lines in SC for the Month # \_\_\_\_\_

3. Rate per Access Line \$ \_\_\_\_\_ **0.25**

4. Calculate Amount Due (line 2 x line 3) \$ \_\_\_\_\_

5. Less: Amount Paid to ILECs on Resold Lines  
(Amount of lines resold to & collected by ILECs)  
\*\*Please attach copy of page from bill showing payment\*\* \$ \_\_\_\_\_

6. Total Payment Due (line 1 + line 4 – line 5) \$ \_\_\_\_\_

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:** \_\_\_\_\_  
(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 Street, Suite 900  
Columbia, South Carolina 29201

**PAYMENTS ARE DUE ON OR BEFORE THE 15<sup>TH</sup> OF THE MONTH**

The Office of Regulatory Staff  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201  
803-737-0800