NORTH CAROLINA CEMETERY COMMISSION ASSESSMENT REPORT

Print Form

ASSESSMENTS FOR THE MONTH OF: ______________ 20 ____

REPORT DUE DATE: ______________

*Penalty for late reports is $25 per report per month

____
Name of Cemetery/License #

Address: ______________________________

____

			$5.00	$5.00	$5.00	$5.00	$5.00	
PURCHASER	NO. OF CONTRACT	DATE OF CONTRACT	Vault (Um)	Marker or Memorial	Pre-Const Maus, Niche, Lawn Crpt	Const Below Ground Crypt or Lawn Crpt	Opening / Closing	**TOTAL AMOUNT**

SUBTOTAL Number of Pre-need Items:	x	$5.00	$0.00
Number of Spaces Deeded per Grave Space Report:	x	$2.00	$0.00
Other Outstanding Fees (check one): ☐ Inspection Findings ☐ Prior Underpayment ☐ Late Fees ☐ Other:			
TOTAL DUE TO THE COMMISSION:			**$0.00**
AMOUNT OF CHECK ATTACHED:			

Report and assessments due 30 days after close of month. Prepare this report in duplicate, forward one copy to the Commission and retain one for your files. (If no sales occur during the month, show "No Sales" on the report)

NCCC-200

For Office Use				
PN =	**x**	**$5**	**=**	**$**
GS =	**x**	**$2**	**=**	**$**
Other Fees			**=**	**$**
Ck#				
$				

I HEREBY CERTIFY THAT THE FOREGOING IS CORRECT.

____
Signature/Cemetery Representative

This ______ day of ______________ 20 ____

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