



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada, 89509
Phone (775) 825-5535 * Fax 775-507-4102 * Email nvfuneralboard@fb.nv.gov

REGULATORY FEE REPORT (NRS 642.0696)

This Report and monthly payment is due by the 15th of the month following the reporting period

Location Name: _____ Permit # _____

Street Address: _____

City: _____ Zip: _____

Reporting Month: _____ Year: _____

Total Number of Signed Contracts: _____

Number of Social Services Cases: _____

Number of Applicable Cases:
(Total number of signed contracts minus social services cases) _____

Total Amount Due:
(Number of applicable cases x \$10.00) _____

By signing below, I hereby declare that all information provided and attached to this report is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this report.

Name of Person Completing Report

Signature of Person Completing Report

For Board Use Only:

Date Received: _____ Amount Paid: _____ Check Number: _____
CC Auth Number: _____