

DEPARTMENT: Medical Examiner

EXTERNAL FEE NUMBER: EX 17-2

DIVISION: Medical Examiner

PURPOSE: Cremation Authorization Fee

BASIS FOR FEE: Ordinance 04-19; 06-01; 10-44; 12-22; 15-07

DATE APPROVED: 10/26/04; 1/10/06; 11/23/10; 9/25/12; 4/21/15

FEE SCHEDULE

Cremation Fee imposed on all Funeral Homes.....~~\$50.00~~ \$60.00 per authorization

Late Payment Fee: Invoices 30-59 days late: \$10 late fee assessed
Invoices 60-89 days late: \$25 late fee assessed
Invoices 90-119 days late: \$50 late fee assessed
Invoices 120 or longer: Additional \$75 late fee (on top of \$50)