



**City of Newport News, Virginia**  
**PUBLIC RIGHTS-OF-WAY USE FEE**  
**QUARTERLY REMITTANCE**

<b>Along with this form, remit payment to:</b> Commissioner of the Revenue Attn: COR - Related Tax Department 2400 Washington Avenue Newport News, VA 23607-4389	<i>For assistance call (757) 926-8644 or fax us at (757) 247-2628. You may visit us at our website at <a href="http://www.nngov.com/cor">www.nngov.com/cor</a></i>
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Name of Company: _____ Address: _____ City: _____ State: _____ Zip code: _____	<b>Federal ID Number:</b> _____
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**Due Date:** Two months after the end of each quarter in which the fee has been billed to ultimate end users as follows:

1st Quarter: Jan. - Mar., due <b>May 31st</b>	3rd Quarter: Jul. - Sept. due <b>Nov. 30th</b>
2nd Quarter: Apr. - June, due <b>Aug. 31st</b>	4th Quarter: Oct. - Dec. due <b>Feb. 28th.</b>

**Please complete the following calculation for which you are remitting payment. Attach an itemized listing of all deductions and additions to the total fees billed.**

<b><u>PUBLIC RIGHTS-OF-WAY USE FEE:</u></b>			
<b><u>Newport News City Ordinance 5258-99</u></b>			
<b><u>Code of Virginia §56-468.1 (includes definition of an access line).</u></b>			
<i>Rates are as follows:</i>			
<b>Effective July 1, 2011: \$0.83 per access line, per month</b>			
<i>July 2010 thru June 2011: \$0.89 per access line, per month</i>			
<i>July 2009 thru June 2010: \$0.89 per access line, per month</i>			
<i>July 2008 thru June 2009: \$0.72 per access line, per month</i>			
<i>July 2007 thru June 2008: \$0.67 per access line, per month</i>			
<b>Month Billed to End Users</b>	<b>Total Number of access lines</b>	<b>Tax rate</b>	<b>Total Fees Billed</b>
		\$____ per access line, per month	\$
		\$____ per access line, per month	\$
		\$____ per access line, per month	\$
<i>Deductions</i>			\$
<i>Additions</i>			\$
<b>TOTAL FEES REMITTED</b>			<b>\$</b>

<b>DECLARATION: I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.</b>	
_____ SIGNATURE	_____ DATE
_____ TITLE	(    ) _____ TELEPHONE NUMBER