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

Along with this form, remit payment to:
Commissioner of the Revenue
Attn: COR - Related Tax Department
2400 Washington Avenue
Newport News, VA 23607-4389

For assistance call (757) 926-8644 or fax us at (757) 247-2628. You may visit us at our website @ www.newport-news.va.us.

Name of Company: ____________________________
Address: ___________________________________
City: ___________________________________________________________________________
State: __________________________________________________________________________
Federal ID Number: ___________________________

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 May 31st
2nd Quarter: Apr. June, due Aug. 31st
3rd Quarter: Jul. Sept. due Nov. 30th
4th Quarter: Oct. Dec. due Feb. 28th

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.

PUBLIC RIGHTS-OF-WAY USE FEE:

Newport News City Ordinance 5258-99
Code of Virginia §56-468.1 (includes definition of an access line).

Effective July 1, 2019 through June 2020; $1.20 per access line, per month
July 2018 thru June 2019; $1.09 per access line, per month
July 2016 thru June 2018; $1.11 per access line, per month
July 2015 thru June 2016; $1.05 per access line, per month
July 2014 thru June 2015; $1.02 per access line, per month
July 2013 thru June 2014; $0.97 per access line, per month

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<thead>
<tr>
<th>Month Billed to End Users</th>
<th>Total Number of access lines</th>
<th>Tax rate per access line, per month</th>
<th>Total Fees Billed</th>
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Deductions $ ________________________
Additions $ ________________________
TOTAL FEES REMITTED $ ________________________

DECLARATION: I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.

SIGNATURE ____________________________
DATE ______________________
TITLE ____________________________
TELEPHONE NUMBER ________________________