



TIFFANY M. BOYLE  
Commissioner of the Revenue

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

FORM #001



VALERIE Y. GAINS  
Chief Deputy

<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 @ <a href="http://www.newport-news.va.us">www.newport-news.va.us</a>.</i>
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Name of Company: _____	<b>Federal ID Number:</b> _____
Address: _____	
City: _____	
State: _____ Zip code: _____	

**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.***

**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, 2022 through June 2023; \$1.01 per access line, per month*

*July 2021 thru June 2022: \$1.60 per access line, per month*  
*July 2020 thru June 2021: \$1.15 per access line, per month*  
*July 2019 thru 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*

Month Billed to End Users	Total Number of access lines	Tax rate	Total Fees Billed
		\$ ____ 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>			\$

**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 _____