

City of Tigard, Oregon
Franchise Utility ROW Use Fee

Reporting Period: _____

I certify the utility operator **DOES** provide service to customers within the Tigard city limits on operator's owned lines & facilities.

Line A FEIN: _____ OR Tax ID Number: _____

Line B Utility Company Name Doing Business In Oregon: _____

Line C Mailing Address: _____

Line D Phone: _____ Email Address: _____

Line E Payment Date Due: _____

Line F Gross Revenues Derived in City of Tigard for Reporting Period \$ _____

Line G Uncollectibles/bad debt \$ _____

Line H Other: _____ \$ _____

Line I Subtotal of revenue subject to fee (subtract lines G & H from Line F) \$ _____

Line J Compensation Rate (typically 5% per Tigard Municipal Code 15.06.100) OR _____%

Line K \$4,000 annual fee (whichever is greater)

Line L Total Remittance (multiply Line I by Line J or pay Line K (\$4,000), whichever is greater) \$ _____

~ I hereby certify that the above Franchise-Utility Use Fee or Annual Fee is being remitted rather than a per linear foot fee because said utility company **does** provide service to customers within the city limits of Tigard per Tigard Municipal Code Chapter 15.06 requirements on lines owned by said company.

~ I hereby certify that all statements made in this report and any attachments are true, complete and accurate to the best of my knowledge and belief as an officer, or other authorized representative of utility operator with fiduciary responsibility, of said utility company.

Utility Company - Officer's Signature Date

PRINT name, officer's title, phone number and email address

Subscribed and sworn to before me on this ____ day of _____, 20____.

Notary Public for the State of _____

My Commission expires on: _____

REMIT TO:
City of Tigard - Finance Dept.
13125 SW Hall Blvd.
Tigard, OR 97223