

*City of Berea
212 Chestnut Street
Berea, Kentucky 40403
Department of Finance*

Name: _____
Address: _____

<i>Utility Franchise Fee Return Period Ending _____</i>
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- | | | |
|----|--|----------|
| 1. | Total gross service revenues | \$ _____ |
| 2. | Less sales outside Berea corporate limits | \$ _____ |
| 3. | Net gross revenues within Berea corporate limits | \$ _____ |
| 4. | Franchise fee due (3% of line 3) | \$ _____ |
| 5. | 10% Penalty, If not received 30 days after
Period Ending. | \$ _____ |
| 6. | Total due: | \$ _____ |

Prepared by: _____ *Date:* _____
Title: _____

Please remit this form with payment to:

*City of Berea
Attn. Finance Officer
212 Chestnut Street
Berea, Kentucky 40403*

*Phone (859)986-7218
Fax (859)986-7616*