



**Remittance Form**  
*City of Foley*  
*Public Facilities Cooperative District*  
**OWA Project User Fees**  
**Temporary Vendors**



**Business Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State Zip** \_\_\_\_\_

	ADOR Sales Tax Number #: (For identifying purposes only)	
(A)	Reporting Period:	
(B)	Enter Gross Sales from Line A:	
(C)	Project User Fee Amount (multiply line B by 2%):	
(D)	After the 20th of the Month (multiply line C by 10% for Late Fee):	
	(Add Line C and D) <b>TOTAL DUE:</b>	
<b>TOTAL AMOUNT ENCLOSED:</b>		

Project User Fees are Due on or Before the 20th day of the month next succeeding the month in which such fees are collected. After the 20th a 10% late fee will be assessed on the Project User Fee.

By signing this report I am certifying that this report, including and accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

Date: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Phone#: \_\_\_\_\_

REVENUE DEPARTMENT INFORMATION:	
Date Paid:	
Amount Paid:	
Initials:	
Receipt #:	

**MAIL THIS REMITTANCE TO:**  
CITY OF FOLEY  
P.O. BOX 1750  
FOLEY, AL 36536

For questions regarding this form, please contact the Revenue Department at (251)943-1545.