

Make checks payable to:

City of Jonesboro

Mail to:

Collections Office

300 S. Church St. Ste 106

PO Box 1845

Jonesboro, AR 72403



City of Jonesboro
Telephone Franchise Fee
Monthly-Access Line Revenue Report
Ordinance 05:192 (version 1)

Return this copy for proper credit:

For the month(s) of _____, 20_____

Business Name: _____

Owner's Name _____

Business Address _____

1. Gross Receipts for Local Exchange Access Charges \$_____

2. Four and One Quarter percent (4.25%) of Line 1 \$_____

3. Remit Amount From Line 2 \$_____

4. Payments shall be made monthly on the 15th day of each month following collection.