## FINANCIAL GOVERNMENTAL PAYMENT REPORT

Please complete this form using a san serif (Helvetica, Arial, etc.), 7-point font.

Airport Name
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Location ID

Fiscal Year End

Payments to other government units Please complete a separate form for each unit of government (City, County, State, Federal).												
	Payment	is to other governi	ment	units Please complete	a separate	form for eac	in unit of governmen	it (City, C	ounty, State, Federal).			
Name of government entity:	_			<del> </del>				-		-		
Type of Payment		Amount		Type of Pay	ment		Amount		Type of Payment		Amount	
Law enforcement	\$	Aniounit -	Impact fees			\$	-	Com	ommunity services		Amount -	
Firefighting	\$	-		Utilities		\$	-	Grandfathered payments		\$ \$	-	
Legal services	\$	-		Fleet services		\$	-	Land and facility rental		\$	-	
Engineering	\$	-	Promotion and marketing				-	Parking and sales tax			-	
Mayor and City Council	\$	-	Repayment of contributions				-	Aviation fuel tax			-	
General cost of government	\$	-	Repayment of loans				-	Other - Please attach a schedule.			-	
Central services	\$	-	Lobbying fees				-					
Payments in lieu of tax	\$	-	Ground access projects			\$	-	Total			-	
Do not include payments of less than \$1,000 or payments for payroll tax, workers compensation, employee benefits, FICA, or contributions to employee retirement accounts												
Property and (or) services provided to other units of governments Please complete a separate form for each unit of government. Do not list FAA navigational facilities.												
Name of government entity:												
Department				r) Service Provided vided by AP employees)			** Fair Market Va		e Value of In-Kind Services***		Cash Compensation	
Use* - Please enter "A" for aeronautical or "N" for nonaeronautical. Type** - Please enter "FMV" for fair market value, "L" for less than fair market value, or "N" for nominal. Value of In-Kind Services*** - When the tenant pays a portion of the lease by providing services to the airport, please enter the value of the services provided and attach a note describing the service.												
In compliance with 47107(a) of Title 49 United States Code and section 111(b)												
of the Federal Aviation Administration Authorization Act of 1994, please complete												
this form to help the public understand airport finances and	the											
use of airport-generated revenue.					Signature							
				•	Printed Name					Date		
					Title					Telephone No.		
Paperwork Reduction Act Statement: The infor							•				•	

Transportation and make available to the public an annual report listing all amounts paid by the airport to other units of government and the purpose of payment. Airport Owners or operators must also make available a listing of all services and property provided to other units of government and the amount of compensation received for provision of each such service and property. The burden for each response is estimated to be 3 hours. Responses are required to obtain a benefit. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0569. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

FAA Form 5100-126

4/01 Previous editions are obsolete.