

**C&D DEBRIS PAYMENT
AND APPLICATION FEE FORM
CITY OF GAINESVILLE, FLORIDA**

REPORT DATE _____

FOR THE PERIOD: _____

Submit payment and report to:

City of Gainesville
Finance – Billing & Collection, Station 47
PO Box 490
Gainesville, FL 32627

Make Checks Payable to: City of Gainesville

Submit copy of report to one of the following:

MAIL: City of Gainesville
Solid Waste Division, MS 10
405 NW 39th Ave.
Gainesville, FL 32609

FAX: 352-393-7980

EMAIL: waste@cityofgainesville.org

1. NUMBER OF VEHICLES HAVING 10 OR MORE WHEELS: _____ X \$2,010.25 = \$ _____
2. NUMBER OF VEHICLES HAVING 6 TO 9 WHEELS: _____ X \$1,340.50 = \$ _____
3. NUMBER OF VEHICLES HAVING 5 OR FEWER WHEELS: _____ X \$ 670.00 = \$ _____
4. COMMERCIAL SERVICE APPLICATION FEE (\$335.25): _____ \$ _____
5. **TOTAL FRANCHISE FEES DUE TO CITY OF GAINESVILLE:** _____ \$ _____ *
- *(auto sum of dollar amounts from lines 1 through 4 above)

A PENALTY OF 1.0% PER MONTH WILL BE ASSESSED ON DELINQUENT PAYMENTS.

AFFIDAVIT

I CERTIFY THAT THIS REPORT IS FILED IN COMPLIANCE WITH THE CITY OF GAINESVILLE CODE OF ORDINANCES AND THIS IS A TRUE STATEMENT OF SOLID WASTE FRANCHISE FEES DUE TO THE CITY.

NAME _____ SIGNATURE _____

TITLE _____ COMPANY NAME _____

MAILING ADDRESS _____
Street City State Zip

TELEPHONE NUMBER _____

CITY OF GAINESVILLE OFFICE USE ONLY

DATE POSTMARKED _____

OF DAYS LATE _____

PENALTY DUE @ 1.0% _____

DATED BILLED _____

Acct. # 420-800-8080-0404 - Franchise Payments

Acct. # 420-800-8080-0409 - Late Fees