

**SOLID WASTE FRANCHISE FEES
CITY OF GAINESVILLE, FLORIDA**

REPORT DATE _____

FOR THE MONTH OF _____

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

Revenues reported on Lines 1 through 2 below must include all collection revenues charged for service inside the City limits, including but not limited to sales or lease of containers, collection services, late fees, bad debt recoveries, franchise fees collected from customers, less bad debts written off.

- 1. SOLID WASTE COLLECTION REVENUE: \$ _____
- 2. CONTAINER RENTALS AND SALES REVENUE: \$ _____
- 3. TOTAL FRANCHISED REVENUE: \$ _____
(Sum of Lines 1 and 2 Above)
- 4. **FRANCHISE FEES DUE TO CITY OF GAINESVILLE:** \$ _____
(10% of Line 3 above)

PAYMENTS & REPORTS ARE DUE ON OR BEFORE THE 20TH OF EACH MONTH FOR THE PREVIOUS MONTH'S SERVICES. 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 GAINESVILLE CODE OF ORDINANCES. ALL REVENUES FROM COLLECTION SERVICES INSIDE THE CITY LIMITS OF GAINESVILLE ARE INCLUDED IN LINES 1 THROUGH 3 ABOVE, AND THIS IS A TRUE STATEMENT OF SOLID WASTE FRANCHISE FEES DUE TO THE CITY.

NAME _____ SIGNATURE _____

TITLE _____ COMPANY _____

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