

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

REPORT DATE _____

FOR THE PERIOD: 10/01/2026 to 09/30/2027

Submit payment and report to:

City of Gainesville
Finance - Billing & Collections, Station 47
PO Box490
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

EMAIL: waste@gainesvillefl.gov

1. NUMBER OF VEHICLES HAVING 10 OR MORE WHEELS: _____	X \$2,110.75 =	\$ _____	
2. NUMBER OF VEHICLES HAVING 6 TO 9 WHEELS: _____	X \$1407.25 =	\$ _____	
3. NUMBER OF VEHICLES HAVING 5 OR FEWER WHEELS: _____	X \$703.50 =	\$ _____	
4. COMMERCIAL SERVICE APPLICATION FEE (\$352.00):		\$	352.00
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. # 420-800-8080-04D9 - Late Fees