

**RECOVERED MATERIALS COLLECTOR
REGISTRATION APPLICATION FEE
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 39 Ave
Gainesville, FL 32609

FAX: 352 393-7980

RECOVERED MATERIALS COLLECTOR REGISTRATION
APPLICATION FEE (\$67.25):

\$ _____

PLEASE NOTE: If an applicant has been granted a commercial services franchise, no recovered materials collector registration application fee is required.

**PAYMENTS & REPORTS SHOULD BE FILED ON OR BEFORE THE 15TH OF OCTOBER EACH YEAR.
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 _____

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