

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

REPORT DATE \_\_\_\_\_

FOR THE PERIOD: 10/01/2025 to 09/30/2026

**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](mailto: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
<b>5. TOTAL FRANCHISE FEES DUE TO CITY OF GAINESVILLE:</b>		\$	*
<i>•(auto sum of dollar amounts from lines 1 through 4 above)</i>			

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