

SOLID WASTE DISPOSAL FEE MONTHLY REPORT

Solid Waste Collected for month of _____,

Company Name: _____

Metro License No.: _____

Address: _____

State Permit No.: _____

Telephone No.: _____

Hauler (Y/N): _____

Fax No.: _____

Site Operator (Y/N): _____

For Municipal Solid Waste:

<u>Disposal Location</u>	<u>Tons</u>	<u>x</u>	<u>Fee Paid</u>	=	<u>Total</u>	
_____	_____		_____/Ton		\$ _____	
_____	_____		_____		_____	
_____	_____		_____		_____	\$ _____
						GRAND TOTAL

For Construction/Demolition, or Landscaping/Land-clearing Waste:

<u>Disposal Location</u>	<u>Tons/CY</u>	<u>x</u>	<u>Fee Paid</u>	=	<u>Total</u>	
_____	_____		_____ T/Cubic Yd		\$ _____	
_____	_____		_____		_____	
_____	_____		_____		_____	\$ _____
						GRAND TOTAL

I certify that I have personal knowledge of the information herein contained, and that all such information is true, accurate and complete.

CONTACT PERSON (please print name)

TITLE

SIGNATURE

DATE