CITY OF CLEARWATER ROLL-OFF CONTAINER FEE REMITTANCE FORM

FORM 9821-0014 : Rev. 9/28/95

Please complete form and return to:

Finance Department
City of Clearwater
P.O. Box 4748
Clearwater, Florida 33758-4748

Collections for the month of : _____

REVENUES AND TAX COMPUTATION:

1. Gross revenue received from service provided within the City. _____

2. Net taxable revenues, if different from line 1. _____

3. Gross fees on revenues (multiply line 1 or 2 by 15%). _____

4. Fees due to City (explain any differences). _____

5. Fees paid to City (enter amount you are paying). _____

SUBMITTED BY:

Name and title: _____

Company: _____

Address: _____

City, State and Zip: _____