

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

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

FOR THE PERIOD: \_\_\_\_\_

**Submit payment and report to:**

City of Gainesville  
Finance – Billing & Collections, 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 39th Ave.  
Gainesville, FL 32609

EMAIL: waste@gainesvillefl.gov

1. NUMBER OF VEHICLES HAVING 10 OR MORE WHEELS: \_\_\_\_\_ X \$2,010.25 = \$ \_\_\_\_\_
  2. NUMBER OF VEHICLES HAVING 6 TO 9 WHEELS: \_\_\_\_\_ X \$1,340.50 = \$ \_\_\_\_\_
  3. NUMBER OF VEHICLES HAVING 5 OR FEWER WHEELS: \_\_\_\_\_ X \$670.00 = \$ \_\_\_\_\_
  4. COMMERCIAL SERVICE APPLICATION FEE (\$335.25): \_\_\_\_\_ \$ \_\_\_\_\_
  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. # 420-800-8080-0409 - Late Fees