

SOUTHERN WINDSOR/WINHAM COUNTIES SOLID WASTE MANAGEMENT DISTRICT
P.O. BOX 320
ASCUTNEY, VT 05030-0320

WASTE MANAGEMENT ORDINANCE FEE RETURN

Monthly Report and Quarterly Fee Return for quarter ending _____ 2017

This report must be **completed monthly** and returned by the 10th day of the month after end of the calendar quarter. Payment (total tons x \$7.00) is due with the report by the following dates:

- 1st Quarter (Jan/Feb/Mar) due by **April 10th**
- 2nd Quarter (Apr/May/June) due by **July 10th**
- 3rd Quarter (July/Aug/Sept) due by **October 10th**
- 4th Quarter (Oct/Nov/Dec) due by **Jan 10th**

Print or type your Name & Address	License Permit No.
	Name & Address of Solid Waste Receiving Facility

MONTHLY HAULER REPORT

Month	Weight in MSW	Tons C&D	Total Tons	(Total tons X \$7.00)= Fee Due
Total quarterly				

We hereby certify this return is true, correct and complete to the best of our knowledge.

Signature of Hauler Title Date

Signature of preparer other than Hauler Title Date

This form must be filled out on a monthly basis regardless of whether the Solid Waste Facility is collecting the fee on your behalf. The purpose of this form is to track the collection of MSW and C&D Wastes by the Haulers; these forms are important to the District for the preparation of the audit.

**** This Fee Return form is your INVOICE, and payment shall be submitted with this return if not collected by the Solid Waste Facility. Make checks payable to SW/WCSWMD and mail to above address.**

[Retain copies of all weight slips for your protection in case of discrepancy between reported weights and information from disposal site.]