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

WASTE MANAGEMENT ORDINANCE FEE RETURN

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 \$9.00) is due with the report by the following dates:

2019

Monthly Report and Quarterly Fee Return for quarter ending____

1st Quarter (Jan/Feb/Mar) due by April 10th

2nd Quarter (3rd Quarter (4th Quarter (0	July/Aug/Sep	ot) due by	October 10th		
Print or type your Name & Address			License Permit No.		
			Name 8	& Address of Solid Waste Receiving Facility	
MC	NTHLY HA	ULER REI	PORT		
Month	Tons MSW	Tons C&D	Total Tons	(Total tons X \$9.00)= Fee Due	
Total quarterly					
We hereby certify this return is	s true, corre	ect and co	emplete to the best	of our knowledge.	
Signature of Hauler		Title	Date		
Signature of preparer other than Hauler			Title	Date	

** 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.

Haulers; these forms are important to the District for the preparation of the audit.

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

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