

QUARTERLY SOLID WASTE REPORT

City of Vernon Health Department, 4305 Santa Fe Ave., Vernon, CA 90058 (323) 583-8811

INSTRUCTIONS: On a quarterly basis, each franchisee shall complete sections 1, 2, & 3 and send this report and the franchise fee calculated below to the above address. Each report must be submitted no later than the last day of the month following the end of the report quarter.

Reporting Year: _____

Franchisee (Company Name): _____

Check the quarter being reported:

Section 1: Gross Receipts (a)			
Months of Quarter	Front End Load	Roll-Off	Monthly Total
1 st Month:			
2 nd Month:			
3 rd Month:			
TOTALS	Front End Total	Roll-Off Total	Grand Total

- Jan-Mar (due Apr 30)
- Apr-June (due Jul 31)
- Jul-Sept (due Oct 31)
- Oct-Dec (due Jan 31)

10% Franchise Fee: Multiply Grand Total in Section 1 above by .10 and enter result here:

Section 2: Tons Collected (b)			
Months of Quarter	Front End Load	Roll-Off	Monthly Total
1 st Month:			
2 nd Month:			
3 rd Month:			
TOTALS	Front End Total	Roll-Off Total	Grand Total (c)

Section 3: Transfer, Processing, and Disposal Facilities Used				
Facility Name	Tons of Solid Waste Delivered			
	1 st Month:	2 nd Month:	3 rd Month:	Total
TOTALS	1 st Month Total	2 nd Month Total	3 rd Month Total	Grand Total (c)

Prepared By (Print or Type Name): _____ Telephone: _____

Signature: _____ Date: _____

- (a) See definition of "gross receipts" in non-exclusive franchise agreement.
- (b) All tons delivered to transfer stations, MRF's, landfills and waste transformation facilities.
- (c) Total tons in Section 2 should agree with total tons in Section 3.