

**City of Clearwater Roll-Off and/or Waste Receptacle Monthly Remittance Form**

**Please complete form and return to:**

City of Clearwater-Solid Waste Department  
Attn: Debbie Moore  
1701 N. Hercules Avenue  
Clearwater, FL 33765

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**Collections for the month of:** \_\_\_\_\_

**Monthly Fee Computation:**

1. Gross revenue billed for service provided: \_\_\_\_\_

2. Gross monthly fee on revenues (multiply Line 1 x 15%) \_\_\_\_\_

3. Adjustments to fees due to city\*: \_\_\_\_\_

4. Total fee remitted to the city: \_\_\_\_\_

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Submitted by:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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\* Explanation of fee adjustments: \_\_\_\_\_

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