

Street Maintenance & Integrated Waste Management www.ci.pasadena.ca.us/publicworks 626-744-7162 626-396-7774 Fax

Mailing Address: City of Pasac

City of Pasadena Department of Public Works/SMIWM

Attention: Carmen Rubio

P O Box 7115

Pasadena, CA 91109-9866

Composting Hauler MONTHLY FEE PAYMENT REPORT

PAYMENT FOR MONTH:	YEAR:	DUE DATE: _	
COMPOSTING HAULER INFORMATION	ON		
Company Name: Owner's Name: Preparer's Name and Title (print):			
PAYMENT CALCULATION			
City of Pasadena Franchise Fee (23.066% of Gross Receipts for	·	=	\$
Liquidated Damages Amount for Composting Material: (From composting material tonnage report)		:	\$
3. TOTAL PAYMENT DUE:			\$
Please make your check(s) payable to	the <i>City of Pasadena</i>	and remit payment	to the address above.
If you have any questions on calculating	g your franchise fee, pl	lease call (626) 744	-7162.
CERTIFICATION			
I declare under penalty of perjury under in this report is true and correct.	r the laws of the State o	of California that the	e information contained
Authorized Signature			Date