

CITY OF REDONDO BEACH

NON-EXCLUSIVE SOLID WASTE PERMIT

COLLECTION QUARTERLY TONNAGE REPORT



Company Name: _____

Name of Person Completing Form (print): _____

Title (print): _____

Reporting Quarter:

1st Quarter
Jan. - March
20__

2nd Quarter
April - June
20__

3rd Quarter
July - Sep.
20__

4th Quarter
Oct. - Dec.
20__

	<u>1st Month</u>	<u>2nd Month</u>	<u>3rd Month</u>	<u>Quarter Total</u>
Tons Disposed:	[]	[]	[]	[]
+		+		+
Tons Recycled:	[]	[]	[]	[]
Total Tons Collected:	[]	[]	[]	[]
Total Gross Revenue: (on total tons collected) X	[]	[]	[]	[]
City Fee:	[4%]	[4%]	[4%]	[4%]
Total Solid Waste Fee: (Paid to the City)	[]	[]	[]	[]

Certification: I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct.

Authorized Signature: _____

Date: _____

Please fill out form and mail back, along with your check, to:

City of Redondo Beach
Public Works Department
531 N. Gertruda Avenue
Redondo Beach, CA 90277