



CITY OF CONROE

### SOLID WASTE OPERATOR FRANCHISEE MONTHLY REPORT

COMPANY NAME: \_\_\_\_\_ Ordinance Number: \_\_\_\_\_.

ADDRESS: \_\_\_\_\_ Invoice Number: \_\_\_\_\_.

\_\_\_\_\_ For Month Ending: \_\_\_\_\_.

Due Date: \_\_\_\_\_.

1. **GROSS RECEIPTS DURING REPORTING PERIOD** \$ \_\_\_\_\_

2. **EXEMPT RECEIPTS** \$ \_\_\_\_\_

- Revenues collected for Solid Waste Collection Service provided on behalf of the City through a written contract
- The amount of annual documented bad debt write-offs due to uncollectible accounts for Solid Waste Collection Service, not to exceed 3% of gross receipts
- Revenues directly received or generated from the processing of recyclable materials

3. **RECEIPTS SUBJECT TO FRANCHISE (LINE 1 minus LINE 2)** \$ \_\_\_\_\_

4. **FEE DUE @ 3% (LINE 3 X .03)** \$ \_\_\_\_\_

I declare, under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**RETURN MONTHLY REPORT AND PAYMENT TO:**

CITY OF CONROE  
Utility Billing Department  
Finance & Administration  
300 W Davis  
Conroe, Texas 77301

***If no amount is due, the monthly report must be submitted within the due date indicating no payment due.***