

**DEPARTMENT OF SOLID WASTE MANAGEMENT  
DISPOSAL FACILITY FEE REPORT  
FOR MONTH ENDING**

Reporting Hauler \_\_\_\_\_  
 Prepared By \_\_\_\_\_  
 Check # \_\_\_\_\_

	<u>Current Month</u>	<u>Fiscal Year to Date</u>
<b>Line A Gross Receipts – Disposal Facility Fee Area Accounts</b>	_____	_____
<b>Line B Disposal Facility Fee – 15% of Line A</b>	_____	_____
<b>Line C Administrative Cost Allowance – 2.5% of Line B</b>	_____	_____
<b>Line D Net Due to DSWM – Subtract Line C from Line B</b>	_____	_____
<b>Line E Monthly Surcharge – 1% of Line B Delinquent charge on prior month(s) receipts</b>	_____	_____
<b>Line F Total Due to DSWM – Sum of Line D and Line E</b>	_____	_____

**General Instructions:**

Report must accompany payment and monthly receipts for solid waste service for all accounts subject to DFF.

**Payment is due by 25<sup>th</sup> of the month**

**The check amount must be equal to Line F**

Adjustments must have supporting documentation attached

Information on this Report is subject to audit by Miami-Dade County

This report is true and correct to the best of my knowledge and belief.

**Mailing Address:**

DEPARTMENT OF SOLID WASTE MANAGEMENT  
 Attn: Accounting Division  
 2525 NW 62<sup>nd</sup> Street, Suite 5400  
 Miami, FL 33147

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date