Section 1.

**Reporting Quarter:** The Solid Waste Ordinance Report shall be completed and remitted to the Genesee County Metropolitan Planning Commission quarterly along with proper required payment of fees. All reports must be submitted within 30 days following the end of the quarter. Please check the appropriate reporting period on the waste report.

*The quarters will be based upon a regular calendar year as follows:*

1. **1st Quarter:** October 1 – December 31
2. **2nd Quarter:** January 1 – March 31
3. **3rd Quarter:** April 1 – June 30
4. **4th Quarter:** July 1 – September 30

Section 2.

**Company Information:** Include all requested information.

Section 3.

**Number of accounts:** Include the number of commercial and residential accounts where your company picks up waste within Genesee County.

Section 4.

**Waste Disposed:** The “Class of Waste” column shall include all waste collected only within Genesee County. The “Destination” column shall name the landfill where the waste from Genesee County was taken for disposal.

Calculation of the “Total” amount of waste collected shall be in cubic yards. The conversion factor to be utilized is three (3) cubic yards per ton. For example, if 10 tons of waste were collected, the total cubic yards would equal 30.

**The county surcharge only applies to waste collected in Genesee County and disposed of outside Genesee County. The surcharge for all waste collected and disposed of inside Genesee County is covered by the Genesee County landfill that accepted the waste.**

To calculate the county surcharge, multiply the total cubic yards disposed of outside Genesee County by the $0.12 per cubic yard county surcharge to determine the amount to be paid to the county for the surcharge. Remit a check in this amount, payable to the Genesee County Metropolitan Planning Commission with submission of the report.
Genesee County Metropolitan Planning Commission
Solid Waste Ordinance Report For Waste Haulers

Completion of this form is required under the Genesee County Solid Waste Ordinance of 2002. Information provided in this report will be utilized to determine the amount of payment due under the required surcharge, as stated in the Ordinance, from your facility. It will also be utilized as a tool to determine the quantity of waste disposed and diverted from the County, along with the amount of material that is recycled.

Section 1:
Date: ___________________ Reporting Quarter: October 1 – December 31: 1st Qtr. ___ January 1 – March 31: 2nd Qtr. ___
                                                   April 1 – June 30: 3rd Qtr. ___ July 1 – September 30: 4th Qtr. ___

Section 2:
Company: _____________________________________________

Owner: _______________________________________________________

Contact Person: __________________________________ Title: ______ Telephone Number: _______________________

Mailing Address: ___________________________________________________________

City: __________________________ State: __________ Zip Code: _______

Section 3:
Number of accounts located within Genesee County:
Commercial _____
Residential _____

Section 4:
Waste Disposed

<table>
<thead>
<tr>
<th>Class of Waste</th>
<th>Destination (Landfill Name)</th>
<th>Cubic Yards</th>
<th>Tons</th>
<th>Total (Calculate in Cubic Yards)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industrial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Cubic Yards _______ x $0.12 = ____________________ County Surcharge

I certify that the above information is accurate and complete to the best of my ability. I understand that any misrepresentation is a violation of the Genesee County Solid Waste Ordinance and may result in revocation of my permit and potential for prosecution. I have also enclosed payment for the proper amount with this report.

_________________________  ____________________________
Signature                      Date

Remit report and payment to: Genesee County Solid Waste Management  
1101 Beach Street, Room 223  
Flint, MI 48502