

**JEFFERSON BELMONT REGIONAL SOLID WASTE AUTHORITY  
DESIGNATION FEE SUBMITTAL FORM**

Month of: \_\_\_\_\_

Designated Facility Name: \_\_\_\_\_

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For Solid Waste generated within the jurisdiction of the Jefferson Belmont Regional Solid Waste Authority (JBSWMA) and received by this facility (*calculation is two dollars per ton times total tonnage subject to fee*):

1. Total JBSWMA Solid Waste Received at Facility: \_\_\_\_\_ tons
  
2. Line 1 x \$2.00=Total Designation Fee Submitted \$ \_\_\_\_\_  
(Amount of Designation Fee)

\*\*\*\*\*

**I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.**

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Subscribed and Sworn Before Me

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Notary Public

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**DUE DATE AND PAYMENT**

REPORT IS DUE NOT LATER THAT 30 DAYS AFTER THE END OF THE MONTH DURING WHICH THE WASTE WAS RECEIVED (*for example, for waste received during the month of April, payment must be received by JBSWMA by the end of May*). **Make checks payable to the Jefferson Belmont Regional Solid Waste Authority.**

*Mail this form and payment to:*

Jefferson Belmont Regional Solid Waste Authority  
115 S. 3rd Street, Suite 109, Steubenville, OH 43952