

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

Month of: _____

Designated Facility Name: _____

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

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
125 Technology Way, Steubenville, OH 43953