



Exhibit C  
**CITY OF WEST SACRAMENTO**  
**Hauling Permit Holder Report of Gross Billings**  
**And Payment of Franchise Fees**

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**Primary Hauler Form**

1. Reporting Period \_\_\_\_\_
2. Permittee Name \_\_\_\_\_
3. Gross West Sacramento Billings \_\_\_\_\_
4. Minus Source Separated Recycling Billings \_\_\_\_\_
5. Net West Sacramento Billings \_\_\_\_\_
6. Franchise Fee (12 %) Due City \_\_\_\_\_

**Required Customer Information:**

- a. Attach a listing of customer names, service addresses and service dates.**
- b. The tonnages collected by customer and the destination for all materials collected listed by material type.**
- c. Detailed information for regular customers (those customers with on-going service contracts). If applicable, please complete the page 2 Commercial Customer Reporting Form.**

Name of person completing report \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
E-mail \_\_\_\_\_

Submit this report to:  
City of West Sacramento  
Department of Public Works  
Environmental Services Division  
(916) 617-4590  
Recycle@cityofwestsacramento.org



