



Date: _____

BRUSH DUMP PAYMENT AUTHORIZATION
(Passes are only good for the Calendar Year they are received)

Please print clearly:

Name: _____

Address: _____

I agree the following one-time charge will be applied to my city utility bill:

_____ \$8.00..... single residential dump fee

_____ \$25.00.....annual residential dump pass

Signature: _____

City Employee: _____

For Commercial Brush Dump pass,
please see Clearwater City Hall
8:00 am – 5:00 pm Monday-Friday

OFFICE USE ONLY

	DATE	INITIALS
ADDED TO UB		
ADDED TO LIST		
CARD MAILED		