OHIO ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF SOLID & INFECTIOUS WASTE MANAGEMENT
INFECTIOUS WASTE HOST FEE SUBMITTAL FORM

DIRECTIONS

1. Enter the total tons of infectious waste treated at the facility during the reported month in line 1.
2. Enter the fee per ton levied by the municipality or township of infectious waste treated in line 2.
3. Multiply line 1 by line 2 to get the total fee that is to be remitted to the host municipality or township. Enter the amount on line 3.
4. Sign and date the form and have it notarized. Send the fee and the original of this form to your city treasurer or township clerk.
5. Send a photocopy of this form to:

Ohio EPA
Division of Solid & Infectious Waste Management
Attn: Data Management Section
1800 WaterMark Dr.
Columbus, OH 43215.

Facility Name / ID Number:
Facility Address:
Host Municipality/Township:

IMPORTANT: If the fees are not remitted within sixty (60) days of the last day of the month during which they are collected, the facility owner or operator shall pay an additional 50% of the amount of the fees for each month, whole or partial, that they are late.

For the month of _____, 19 _____

1.	Tons of infectious waste treated at the facility:	tons
2.	Fee per ton levied by the municipality/township:	X $ /ton
3.	Total fee that is to be remitted to the municipality/township:	$

I hereby certify that the above statements are true and correct.

_____
Authorized Signature

_____
Printed Name & Title

_____
Date

Subscribed and sworn before me this _____ day of

_____, 19 _____.

_____
Notary Public