



Rhode Island Uniform Septage Disposal Fee Remittance Form



In accordance with R.I.G.L. §46-12.11 (Uniform Septage Disposal Fee)

Current Year: _____
Wastewater Facility Name: _____

REPORTING PERIOD:

Indicate the Quarterly Period for your Remittance of Fees by check marking the appropriate box below

Quarterly Period	Applicable Dates	Due Date for Remittance to DEM
1. <input type="checkbox"/>	July 1 – September 30	December 1 of same year
2. <input type="checkbox"/>	October 1 – December 31	March 1 of following year
3. <input type="checkbox"/>	January 1 – March 31	June 1 of same year
4. <input type="checkbox"/>	April 1 – June 30	September 1 of same year

AMOUNT OF REMITTANCE FEES:

Total amount of fees assessed during the reporting period:	
Total amount of fees being remitted for fees assessed during the reporting period:	
Total amount being remitted for fees assessed prior to this reporting period:	

REMITTANCE INFORMATION:

Name of person completing the form: _____	Date: _____
Title of person completing the form: _____	Phone #: _____
Make check payable to:	Treasurer: State of Rhode Island
Remit this form and the check to:	RIDEM – Office of Water Resources
	Attn.: Traci Pena
	235 Promenade Street
	Providence, Rhode Island 02808

For Office Use Only:	Signature	Date
Date form and checks are sent to Management Services		
Date form and checks received by Management Services:		
Account String: 00-09-709 3488 3625110.03 461000		