



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 below which quarter Remittance of Fees		
Quarterly Period. Check One	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 the 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

Remittance of 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:	\$
Total Fee Amount Remitted:	\$

Please Print

Person completing the form: _____ Date: _____

Title: _____

Phone number: _____

Make Check Payable to: Treasurer, State of Rhode Island

**Remit check and form to: DEM Office of Management Services
235 Promenade Street
Providence, Rhode Island 02908**