



Town of Fairplay

901 Main Street • P.O. Box 267

Fairplay, Colorado 80440

(719) 836-2622 phone

(719) 836-3279 fax

www.fairplayco.us

Bag Fee Remittance Form

1st Quarter (Jan - Mar)	Due April 20	Reporting Period Quarter: _____ Year: _____
2nd Quarter (April - June)	Due July 20	
3rd Quarter (July - Sept)	Due October 20	
4th Quarter (Oct - Dec)	Due January 20	

BUSINESS NAME (DBA): _____

ADDRESS: _____

CONTACT NAME: _____ PHONE # _____

CONTACT EMAIL: _____

1) NUMBER OF BAGS DISTRIBUTED:	
2) BAG FEE PER BAG USED:	\$ 0.06
3) TOTAL FEE DUE	\$ -
4) TOTAL PAYMENT	\$ -

Owner/Agent Signature

Date

Sign and return this document with your payment to:

Town of Fairplay, 901 Main Street, Fairplay CO

or

Mail to Town of Fairplay, PO Box 267, Fairplay CO 80440

[For more information, please refer to HB21-1162](#)