Date: ________________ (Date this form was prepared)

Bottled Gas Sales for the month of: ____________________________________

Aggregate bottled gas sale(s) subject to tax : _________________________

Public Service Tax of 10% due (Article III, Sec. 29.72): _________________
(10% of bottled gas sales)

SUBMITTED BY:

Company name: ____________________________________________________________

PO Box or street address:_________________________________________________

City, State, Zip Code: _____________________________________________________

Submit tax amount due to:

City of Clearwater  Telephone: 727-562-4526
Finance Department  Fax:       727-562-4535
P. O. Box 4748
Clearwater, FL 33758-4748

CERTIFICATION:

I hereby certify that this report was examined by me and is to the best of my knowledge and belief true, correct and complete.

___________________________________________      _________________________
(Signature and title)                            (Date)

Taxes are due on or before the 20th day of each calendar month in accordance with City Ordinance Article III Public Service Tax.