



CITY OF
SANFORD
FLORIDA

City of Sanford
Utility Tax Return & Remittance

Company Name _____

Company Address _____

Completed for the Month of _____

Amount of Taxable Sales for the above month _____

Tax Rate 10%

Amount of Utilities Tax remitted herewith \$ _____

I certify to the accuracy and completeness of the above report.

Printed Name

Title

Signature

Date

Remit Payment and Completed Form to:
City of Sanford
Finance Department
P.O. Box 1788
Sanford, FL 32772-1788