

M. C. TARIFF FORM NO. 2
(M. C. RULE 30-E)
RULE 30-E APPLICATION
COMMON CARRIERS OF SOLID WASTE
EMERGENCY RATE SURCHARGE

1. Name, address and phone number of Applicant:

Name Phone Number
Address
City State Zip Code

2. M C Certificate Number(s) affected:

3. Landfill name and address:

Landfill Name Phone Number
Address
City State Zip Code

4. Tons dumped at landfill annually * tons
Old rate per ton (most recent) \$ /tons
New rate per ton \$ /tons
Effective date of new rate

5. Number of residential customers (for each certificate)
Number of commercial customers (for each certificate)
Annual residential revenues * \$
Annual commercial revenues * \$

6. Copies of solid waste disposal bills for last six (6) months are attached.

* **Most recent 12-month period.**