



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