## DRAFT

## COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: QUICK Skips dba Florida RemovAll Date: \_\_\_\_\_\_09.29.25

Status	Brief Description of Application Requirements
☐ Met; 1.	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☐ Met; 2.	Evidence the entity is authorized to do business with the State of Florida and in good standing with the Department of State. Section 4-1 C. (2)(a)
□ Met; 3.	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
<ul><li>☐ Met; 4.</li><li>☐ Not Met</li></ul>	Information about the applicant's (including its principals, partners, and officers) involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases. Section 4-1 C. (2)(c) MUST BE NOTARIZED
☐ Met; 5.	List of all vehicles, equipment and other physical assets [by make, model, capacity, size, type and VIN] the applicant will use to collect and transport Solid Waste when providing Commercial Collection service within Polk County. Section 4-1 C. (2)(d)
Met; 6. ☐ Not Met	List identifying the frequency of Commercial Collection Service applicant provides to its customers with the identification number, size, capacity, and type of each dumpster, roll cart, roll-off Container and compactor that the applicant will use to collect Commercial Solid Waste within the County. Section 4-1 C. (2)(e)
☐ Met; 7.	Applicant's acknowledgment and consent the County has the right to inspect the applicant's vehicles, Containers, compactors and other equipment at any time. Section 4-1 C. (2)(f)
☐ Met; 8.	Original Certificates of Insurance evidencing current compliance with CGL coverage (NLT \$2M per occurrence) and State statutory workers' comp. coverage (or waiver). Section 4-1 C. (2)(g) Certificate Holder: Polk County, a political subdivision of the State of Florida. 330 W Church St, Rm 150 Bartow, FL 33830
□ Met; 9.	Evidence the applicant has obtained all permits and licenses required by law or ordinance to provide Commercial Collection Service within the County. Section 4-1 C. (2)(h)
☐ Met 10.	Delivery of Sworn affidavit confirming: (i) no unsatisfied judgments pending against the applicant; (ii) no liens of record filed by the IRS or State against the applicant; (iii) applicant will comply with all Ord. requirements and all applicable laws. Section 4-1 C. (2)(i) MUST BE NOTARIZED
☐ Met; 11.	Delivery of written indemnity of County from any loss which may result from the applicant, its employees, subcontractors, agents, failure to perform in compliance with the terms of the franchise or the Ordinance. Section 4-1 C. (2)(j) MUST BE NOTARIZED
☐ Met 12.	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

#### **QUICK SKIPS, LLC dba Florida RemovALL**

Industry: Solid Waste Management & Recycling Location:

Contact: Minesh Patel 407-923-1850 office@floridaremovall.com

Company Overview: Roll off business currently with 2 trucks. Only providing 10, 20 and 30-yard containers.

Name of Company is Quick Skips, LLC dba Florida Removall

#### **Core Services:**

- List what services you
- provide
  - Dumpster Roll off services

#### **Experience with Solid Waste:**

List your Experience: Been in business for over 2 years and all of our drivers have held CDL licenses for over 10 years.

Identity – See attached Driver's license for Minesh Patel, owner of company.

Evidence to do business in Florida (please see articles of incorporation)

List of Vehicles (2)

2017	Peterbilt	Roll Off	1NPCLP0X1HD450392	P2847H
2009	Kentworth	Roll Off	2NKHLN9X69M254348	P2844H

DIVISION OF CORPORATIONS



Department of State / Division of Corporations / Search Records / Search by Entity Name /

## **Detail by Entity Name**

Florida Limited Liability Company

QUICK SKIPS, LLC

**Filing Information** 

Document Number L23000147951

**FEI/EIN Number** 92-3303512

**Date Filed** 03/23/2023

State FL

Status ACTIVE

**Principal Address** 

1106 Ayrshire Street ORLANDO, FL 32803

Changed: 08/04/2025

**Mailing Address** 

1106 Ayrshire Street ORLANDO, FL 32803

Changed: 08/04/2025

**Registered Agent Name & Address** 

PATEL, MINESH 1106 Ayshire Street ORLANDO, FL 32803

Address Changed: 08/04/2025

**Authorized Person(s) Detail** 

Name & Address

Title MGR

PATEL, MINESH 1106 Ayrshire Street ORLANDO, FL 32803 Detail by Entity Name 9/8/25, 7:16 PM

#### **Annual Reports**

Report Year	Filed Date
2024	01/22/2024
2025	01/14/2025
2025	08/04/2025

#### **Document Images**

 08/04/2025 -- AMENDED ANNUAL REPORT
 View image in PDF format

 01/14/2025 -- ANNUAL REPORT
 View image in PDF format

 01/22/2024 -- ANNUAL REPORT
 View image in PDF format

 03/23/2023 -- Florida Limited Liability
 View image in PDF format

Florida Department of State, Divising of Corporations



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject his certificate does not confer rights t				ıch en	dorsement(s		require an endorsemei	it. A	statement on
PR	ODUCER				CONTA NAME:	Sopnia				
G	uardian Assurance				PHONE (A/C, No. Ext): (407) 300-5603 FAX (A/C, No):					
73	5 North Thornton Avenue				E-MAIL ADDRE	ss: sophia@	insguardian.	com		
						INS	SURER(S) AFFOI	RDING COVERAGE		NAIC#
Oı	fando			FL 32803	INSURE	RA: RT SPE	ECIALTY			
INS	URED				INSURE	RB: Evanst	on Insurance			
	Quick Skips DBA Florida Rei	movA	<b>ALL</b>		INSURE	ERC:				
	1010 US HWY 17-92 N				INSURER D:					
	9			INSURE	RE:					
	Davenport			FL 33837	INSURE	RF:				
CC	OVERAGES CER	TIFIC	CATE	NUMBER:	000			REVISION NUMBER:		
II E	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSF	TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	· ·	000,000
								MED EXP (Any one person)	\$ 5,0	00
Α				APP52422250		07/08/2025	07/08/2026	PERSONAL & ADV INJURY	\$ 1,0	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,0	00,000
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,0	00,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$ 2,0	00,000
В	X EXCESS LIAB CLAIMS-MADE			APP52422250		09/26/2025	07/08/2026	AGGREGATE	\$ 2,0	00,000
	DED RETENTION\$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL rtificate is issued as evidence of insurance				-		e space is requir	ed)		
CEI	RTIFICATE HOLDER				CANC	ELLATION				
<u> </u>	THE HOLDER				JA110	PELATION				
	Polk County Solid Waste				THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE C EREOF, NOTICE WILL I Y PROVISIONS.		
	40 Fm. ing				AUTHOR	RIZED REPRESE	TATIVE			
	10 Environmental Loop S Winter Haven			FL 33880	C	5.1	3			



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 925 Partners Insurance 701 Riverside Park Place Suite 202 Jacksonville FL 32204			PHONE (A/C, No. Ext): 855-925-1200 FAX (A/C, No): 904-685-8586  E-MAIL ADDRESS: transportation@925partners.com							
Jac	1.001141110 1 E 02204						CORT WY	DING COVERAGE		NAIC#
					INSURER		operty & Cas	There		12588
INSU	RED			QUICSKI-01			Select Insura			
Qui	ick Skips LLC						surance Con	C-0.		38970
	N Thornton Ave				INSURER		ibararioc con	i puri		<b>Q</b>
On	ando FL 32806									
					INSURER					
	/FD 4 0 F 0	TIEIC	ATE	NUMBER: 513635595	INSURER	F:		REVISION NUMBER:		
TH IN CI E)	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
								MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY			PC250516520		5/7/2025	5/7/2026	COMBINED SINGLE LIMIT	\$ 300,00	0
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED X SCHEDULED							BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							PIP	\$\$10,00	0
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
С	WORKERS COMPENSATION			MWC0226161-02		5/31/2025	5/31/2026	PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000,0	000
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
	If ves. describe under							E.L. DISEASE - POLICY LIMIT	\$ 1,000,0	
В	DÉSCRIPTION OF OPERATIONS below  Physical Damage; Comp/Collision			B1180D241877121		5/7/2025	5/7/2026	E.E. DIOCHOL - I OLIGI CIMII	Ded. \$	
_										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2017 Peterbilt 1NPCLP0X1HD450392 \$100,000 2009 Kenworth 2NKHLN9X69M254348										
CEF	RTIFICATE HOLDER				CANCE	ELLATION				
Polk County Solid Waste 10 Environmental Loop S					THE ACCO	<b>EXPIRATION</b>	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
	Winter Haven, FL 33880				4	Há	TO .	ODD CODDODATION		

POLK COUNTY WASTE & RECYCL NON-EXCLUSIVE COMMERCIAL F		IST			OFFICE USE ONLY  DATE RECEIVED	
FRANCHISEE Quick Skips LLC db	E				DATE TO AUDITING	
FOR YEAR 2024/2025					ACCEPTED	
VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE (RO, REL, FEL, ASL, ETC.)	CAPACITY (CU YD)	VEHICLE SIZE (GVW)	VEHICLE IDENTIFICATION NUMBER
Peterbilt	Truck Roll Off	2017	RO	30 cu yd	74000	1NPCLP0X1HD450392
Kenworth	Truck Roll Off	2009	RO	30 cu yd	74000	2NKHHLN9X69M254348
1						

POLK COUNTY WASTE & RECYCLING NON-EXCLUSIVE COMMERCIAL FRAN			OFFICE USE ONLY	7				
FRANCHISEE ON CV			1 UJ I			DATE RECEIVED		
FOR YEAR 202				DATE TO AUDITING ACCEPTED				
		CONTAINER	TYPE/SIZE		CAPACITY	COLLECTION I	FREQUENCY	CONTAINER IDENTIFICATION
CUSTOMER NAME	DUMPSTER	COMPACTOR	ROLL OFF	OTHER	(CU YD)	ON CALL	DAYS/WK	NUMBER
Dumpsters on								
Dumpsters on								
see attached								
List								

# **Roll-Off Containers** #1001 #1002 #1003 #1004 #1005 #1006 #1007 10 YARD CANS #2001 #2002 #2021 #2022 #2023 #2024 #2025 #2026 #2027 #2028 #2029 #2030 #2031 #2032 #2033 #2034 #2035 #2036 #2037 #2038 #2039 #2040 #2041 #2042 #2043 #2044 #2045 #2046 #2047 20 YARD CANS #3001 #3002 #3003 #3004 #3005 #3006

#3007 #3008 #3009 #3010 #3011 #3012 #3013 #3014 #3015 #3016 #3017 #3018 #3019 #3021 #3022 #3023 #3026 #3028

30 YARD CANS

#### Quick Skips, LLC dba Florida RemovALL 1106 Ayrshire St, Orlando, Fl 32803 Tel: 407-720-0000 email: office@floridaremovall.com



Wednesday, September 24, 2025

To whom it may concern,

As of today, Quick Skips, LLC dba Florida Removall, Minesh Patel have never and is currently not involved in any type of litigation, criminal proceedings, judgements, and or liens including the internal revenue service and all state and or federal government litigation, agency enforcement cases, or civil suits.

I, Minesh Pales, MGR\Owner of Quick Skips, do attest the above statement to be true and correct.

State Florida

County of Polk

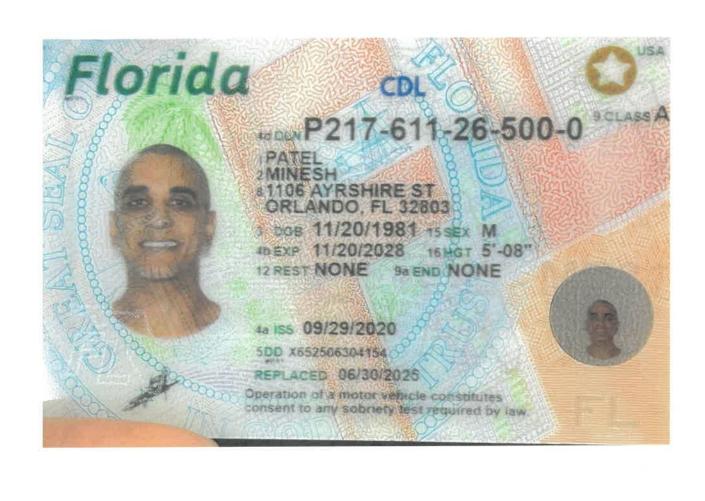
The foregoing instrument was acknowledged before me this\_

day of

Personally Know or Produced identification

SHAZEDA KASSIM
Notary Public - State of Florida
Commission # HH 217470
My Comm. Expires Jan 21, 2026

Minesh Patel 9/26/25



# For Your Information: What You Need To Know About Tangible Personal Property

Every individual or firm doing business and located in Polk County is also subject to the tangible

An initial tangible personal property tax return is required to be filed with the Polk County Property Appraiser's Office by April 1st of the year after the business opens. The initial return is required if the business owns or leases any personal property, without regard to the value of that personal property. In subsequent years, however, no return is required unless the combined value of all business equipment is more than 25,000 dollars.

To file an initial tangible personal property tax return or for additional information, visit Polk County Property Appraiser's Office website, polkpa.org.

POLK COUNTY LOCAL BUSINE ACCOUNT NO. 264649	CLASS: B	EX	(PIRES:	09/30/2026
OWNER NAME	I Company	LOCATIO	ON	40,00/2020
MINESH PATEL		1010 US DAVENP	HIGHWAY 17	92 N
BUSINESS NAME AND MAILING	ADDRESS	CODE	ACTIVITY	TYPE

QUICK SKIPS, LLC QUICK SKIPS, LLC 1106 AYRSHIRE ST ORLANDO, FL 32803 530115 RENTAL SERVICE

PROFESSIONAL LICENSE (IF APPLICABLE)

OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION PAID - 3554964 10/01/2025 LLM

TAX 72.19 QUICK SKIPS, LLC

# AFFIDAYTT SUPPORTING RENEWAL OF NONEXCLUSIVE FRANCHISE TO COLLECT, REMOVE, AND TRANSPORT COMMERCIAL SOLID WASTE WITHIN POLK COUNTY

STATE OF FI COUNTY OF	ORIDA Ofang Polk			
Minesh	he undersigned notary pul Pall who, first being	olic authorized to adm duly sworn, on oath dep	ninister oaths, poses and states,	ersonally appeared as follows:
1)	He is Manager		a Florida	corporation.
2)	He has personal knowledge true and correct.		is Affidavit and	
3)	There are no unsatisfied ju	dgments entered against	Minesn P	aid.
4)	There are no liens of Minesh Pales 6		Internal Reven	ue Service against
5)	There are no liens of reconthereof, against Mine	in pale aux	SKIPS LLC	
6)	the right to inspect AL other equipment at any time	v	ehicles, containe	e County shall have ers, compactors, and
7)	During the time of the exis complied with all of the re with all other applicable law will continue to comply with	quirements stated in the ws, and if awarded a ren	use, Mines of Polk County O	has rdinance 13-069 and
Further the aff	iant sayeth not.			
Dated i	the <u>Septembr</u> day of	Sworn Person Sign	yang	Person
The foregoing has produced _	instrument was sworn (or af	firmed) and subscribed b , who is eith as identification	er personally	day of known to me; or $\Box$
Kalle My Come	Hic State of Florida ie Johnsen sleelon HH 709545 is 8/12/2029	Notary Public Signatur Kailet Johnson Printed Name of Notar	re	
(AFFIX NOTO	RIAL SEAL)	709 545 / 8/12/201 Notary Commission N	A	fermentere en

# INDEMNITY

WHEREAS, THE UNDERSIGNED Minesh Patel (the "Undersigned"), is the Manager of Quick Skips LLC (the ", a Florida Campany,
WHEREAS, the Manage , is herewith submitting an application to Polk County, a political subdivision of the State of Florida, (the "County") for the grant, renewal, or modification of a non-exclusive commercial franchise (a "Commercial Franchise") to collect, remove and transport commercial solid waste within the geographic areas of Polk County; and
WHEREAS, the Commercial Franchise application process is described in Polk County Ordinance 13-069 (the "Ordinance") and requires, among other matters, that an applicant indemnify the County from and against any loss which may result from the applicant, its employees, subcontractors, and agents, failure to perform in accordance with the terms of the awarded Commercial Franchise and the terms of the Ordinance; and
WHEREAS, the Undersigned is duly authorized to execute this instrument by and on behalf of the
NOW, THEREFORE, in consideration of the benefits accruing to the Company and for other good and valuable consideration, the Undersigned, by and on behalf of the Courte Sieres L. C. does hereby forever release, indemnify, keep, save, and hold harmless the County, its commissioners, officers, officials, and employees, from and against any and all damages, losses, penalties, liabilities, costs and expenses of any kind or nature whatsoever that is proximately caused by, incident to, resulting from, arising out of, or occurring in connection with, directly or indirectly, Occas, Sieres L. C. , its employees, subcontractors, or agents, failure to perform in compliance with the terms of the Commercial Franchise or failure to perform in compliance with the terms of the Ordinance.
IN WITNESS WHEREOF, the Undersigned has executed this instrument by and on behalf of the
ATTEST: Quice Skips
By:  SHAZGNA KASKi  [Printed Name, Title] SBS.  By:  Minesh Patel  [Printed Name, Title]
AFFIX NOTORIAL SEAL
SHAZEDA KASSIM  Notary Public - State of Florica Commission # HH 217470 My Comm. Expires Jan 21, 2026

#### Thank you for your payment!

This service has been provided by Polk County BoCC - Solid Waste, FL and Point & Pay. We value your business. Please keep this receipt for future reference.

You have made a payment to Polk County BoCC - Solid Waste, FL . The Polk County BoCC - Solid Waste department Thanks You For Your Payment. Credit Card Services provided by Polk County BoCC - Solid Waste department are in connection with POINT & PAY.

minesh patel Name:

1106 ayrshire st, orlando FL, US, 32803 Address:

4079231850 Contact:

Comments:

Payment ID: 183022701

Date: 09/24/25 01:07 PM

Subtotal: \$750.00 Fee: \$2.95 Total: \$752.95

Electronic Check(\*\*\*\*\*\*\*\*5286) Method:

Item Purchased	Transaction Description	Account	Amount
Landfill Tipping Fees	CTYPolkWsteGOV	new application fee	\$750.00

Signature:	///	
By signing this receipt you agree to the terms and cond	ditions of this service.	

You will see one line item on your credit or debit card statement indicating the amount you paid and will be

identified as CTYPolkWsteGOV. If you have any questions about the charges please call 1-888-891-6064.

**Print Receipt** Close Window