DRAFT

COMMERCIAL COLLECTION SERVICE FRANCHISE APPLICATION CHECK-LIST

Applicant: Norest 1-800-Got Junk Date: 10.6.25

Status	Brief Description of Application Requirements
☐ Met; ☐ Not Met	Identity of the applicant, to include its principals, partners, and management. Section 4-1 C. (2)(a)
☐ Met; ☐ Not Met	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; ☐ Not Met	Information regarding the experience and qualifications of the applicant and its personnel with regard to Solid Waste collection. Section 4-1 C. (2)(b)
☐ Met; ☐ Not Met	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)
☐ Met; ☐ Not Met	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; ☐ 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; ☐ Not Met	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; ☐ Not Met	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)
☐ Met; ☐ Not Met	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; ☐ Not Met	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)
☐ Met; ☐ Not Met	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)
☐ Not Met	Delivery of applicable Commercial Franchise application fee. Section 4-1 C. (5)

DRAFT

Detail by Entity Name

Foreign Profit Corporation
NOREAST SERVICES MBW CORP.

Filing Information

Document Number	F22000004299
FEI/EIN Number	36-5025173
Date Filed	07/12/2022
State	DE
Status	ACTIVE

Principal Address

3535 Reynolds Road
Unit 4
Lakeland, FL 33803

Changed: 08/03/2023

Mailing Address

3535 Reynolds Road
Unit 4
Lakeland, FL 33803

Changed: 08/03/2023

Registered Agent Name & Address

SMITH, KEITH C, ESQ.
ONE LAKE MORTON DR.
LAKELAND, FL 33801

Officer/Director Detail

Name & Address

Title President

BALDWIN, MICHAEL
3 St. Joseph's Lane
St. John, NL A1A 5T9 CA

Title VP

WHITMORE, BRAD
98 Parkdale Ave
Pointe-Claire, QC H9B 1Z9 CA

Annual Reports

Report Year	Filed Date
2023	08/03/2023
2024	02/11/2024
2025	01/27/2025

Document Images

01/27/2025 -- ANNUAL REPORT	View image in PDF format
02/11/2024 -- ANNUAL REPORT	View image in PDF format
08/03/2023 -- ANNUAL REPORT	View image in PDF format
07/12/2022 -- Foreign Profit	View image in PDF format

NORESER-PC BCHISHKO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/5/2025

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 Liberty Insurance Agency 1910 Cochran Road Manor Oak Two Suite 800 Pittsburgh, PA 15220	CONTACT NAME: Stephen Pcsolar, CISR PHONE (A/C, No, Ext): (412) 571-5700 236 FAX (A/C, No): (412) 571-9909 E-MAIL ADDRESS: stevepcsolar@libertyins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nautilus Insurance Company	17370
INSURED NorEast Services MBW Corp SR 20222426352 dba 1-800-GOT-JUNK? 3535 Reynolds Road, Bay 4 Lakeland, FL 33803	INSURER B : Key Risk Insurance Company	10885
	INSURER C : StarStone Specialty Insurance Company	44776
	INSURER D : Argonaut Insurance Company	19801
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			GLP2047762-10	8/5/2025	8/5/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ $ $ $ $ $ $	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000
B	AUTOMOBILE LIABILITY ANY AUTO [X] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			BAP2047761-10	8/5/2025	8/5/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $	1,000,000
C	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED RETENTION $			CSX90608453P-01	8/5/2025	8/5/2026	EACH OCCURRENCE AGGREGATE [ ]	$ $ $	2,000,000 2,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] N / A If yes, describe under DESCRIPTION OF OPERATIONS below			ARGWC929258777434	8/5/2025	8/5/2026	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $	500,000 500,000 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All coverages listed are subject to the terms, conditions and exclusions within the policies.

RE PROJECT: 1-800-GOT-JUNK?

HOLDER IS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY COVERAGE for ongoing operations if required by written contract executed prior to a loss.

UMBRELLA FOLLOWS FORM.

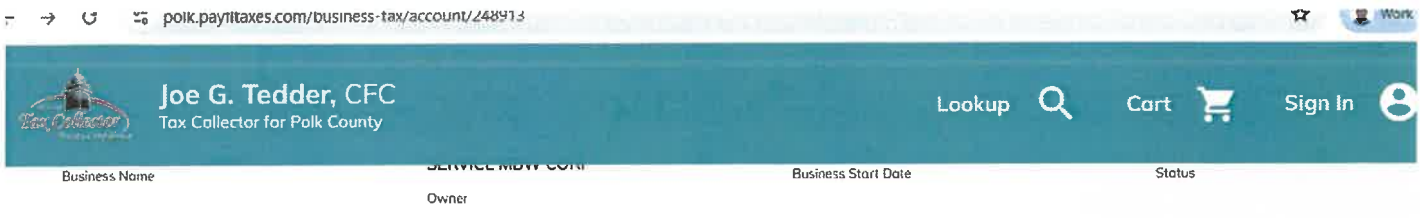
CERTIFICATE HOLDER

Carlton Arms of North Lakeland, LLC
4500 Williamstown Blvd
Lakeland, FL 33810

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



3535 REYNOLDS RD UNIT 4
LAKELAND, FL 33803
Business Address

3535 REYNOLDS RD, UNIT 4
LAKELAND, FL 33803
Mailing Address

N/A
Exemption Status

LTD TRANSPORTATION
LTD WAREHOUSING
Business / Occupation

History

Year	Owner	Due	Due Date	Payor	Paid On	Status	Paid	
2025	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	$0.00	Sep 30, 2025	MICHAEL BALDWIN	Jul 9, 2025	Paid	$31.50	
2024	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	$0.00	Sep 30, 2024	MICHAEL BALDWIN	Dec 19, 2024	Paid	$47.80	
2023	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	$0.00	Sep 30, 2023	MICHAEL BALDWIN	Aug 15, 2023	Paid	$31.50	
2022	MICHAEL J BALDWIN, NOREAST SERVICE MBW CORP	$0.00	Sep 30, 2022	NOREAST SERVICE MBW CORP	Jul 22, 2022	Paid	$39.38	

NorEast SERVICES

Date: October 2nd, 2025

To whom it may concern:

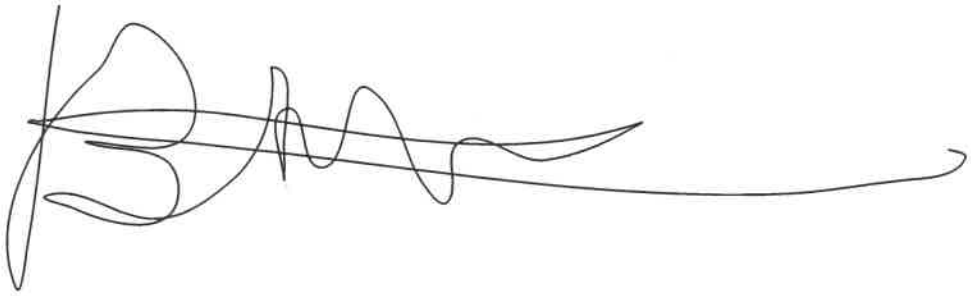
As requested the following is list of owners and managers of NOREAST SERVICES MBW CORP dba 1800- GOT-JUNK (ACCT# 1273).

Owner 1: Bradley Whitmore
Owner 2: Michael Baldwin
Operations Manager: Darriel Davis

The identities of the 3 individuals listed above are being sent in a separate document.

Very respectfully,

Bradley Whitmore



NorEast SERVICES

Date: Sep 29, 2025

To whom it may concern:

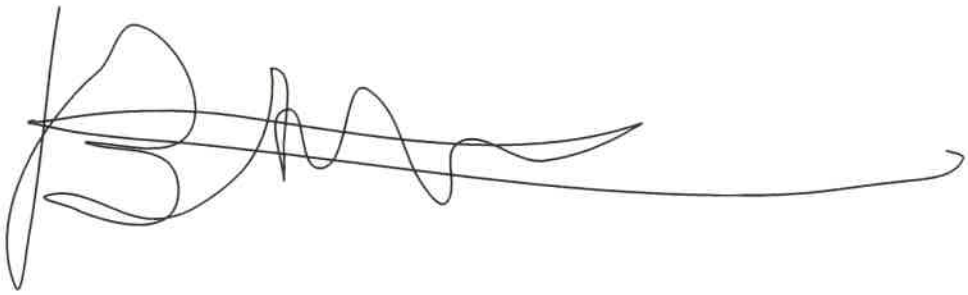
As of the date of the correspondence stated above, NOREAST SERVICES MBW CORP dba 1800- GOT-JUNK (ACCT# 1273), as well as it's Managing Member/Owner, Bradley Whitmore has never had involvement as a subject or as a part in any litigation, criminal proceedings, or agency enforcement cases.

I,_Bradley Whitmore_____, MGR\Owner of _NOREAST SERVICES MBW CORP dba 1800- GOT-JUNK (ACCT# 1273) do attest the above statement to be true and correct.

State Florida County of Polk

The foregoing instrument was acknowledged before me this_____29th_____day of _September____

Bradley Whitmore



POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL VEHICLE LIST

FRANCHISEE NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273

FOR YEAR 2025-2026

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED _____

VEHICLE MAKE	VEHICLE MODEL	YEAR	TYPE *(RO, REL, FEL, ASL, ETC.)*	CAPACITY *(CU YD)*	VEHICLE SIZE *(GVW)*	VEHICLE IDENTIFICATION NUMBER
Isuzu NPR	Isuzu NPR	2021	REL	15	14,500	54DC4W1D5MS208788
Isuzu NPR	Isuzu NPR	2023	REL	15	14,500	54DC4W1D1PS208629
Isuzu NPR	Isuzu NPR	2023	REL	15	14,500	54DC4W1DOPS209416
Isuzu NPR	Isuzu NPR	2025	REL	15	14,500	54DC4W I D6SS20 I 782

POLK COUNTY WASTE & RECYCLING

NON-EXCLUSIVE COMMERCIAL FRANCHISE ANNUAL CONTAINER LIST

FRANCHISEE NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273

FOR YEAR 2025-2026

OFFICE USE ONLY

DATE RECEIVED _____

DATE TO AUDITING _____

ACCEPTED _____

CUSTOMER NAME	CONTAINER TYPE/SIZE				CAPACITY *(CU YD)*	COLLECTION FREQUENCY		CONTAINER IDENTIFICATION NUMBER
	DUMPSTER	COMPACTOR	ROLL OFF	OTHER		ON CALL	DAYS/WK	
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		3
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		4
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		5
NOREAST SERVICES MBW CORP - 1800- GOT-JUNK ACCT# 1273				Truck with Dump Body	15	ON CALL		18

REVISED 08/2014

MY FLORIDA
CORPORATE
FILINGS

CERTIFICATE

Beneficial Ownership Information

BOI 2024

This certificate is presented to

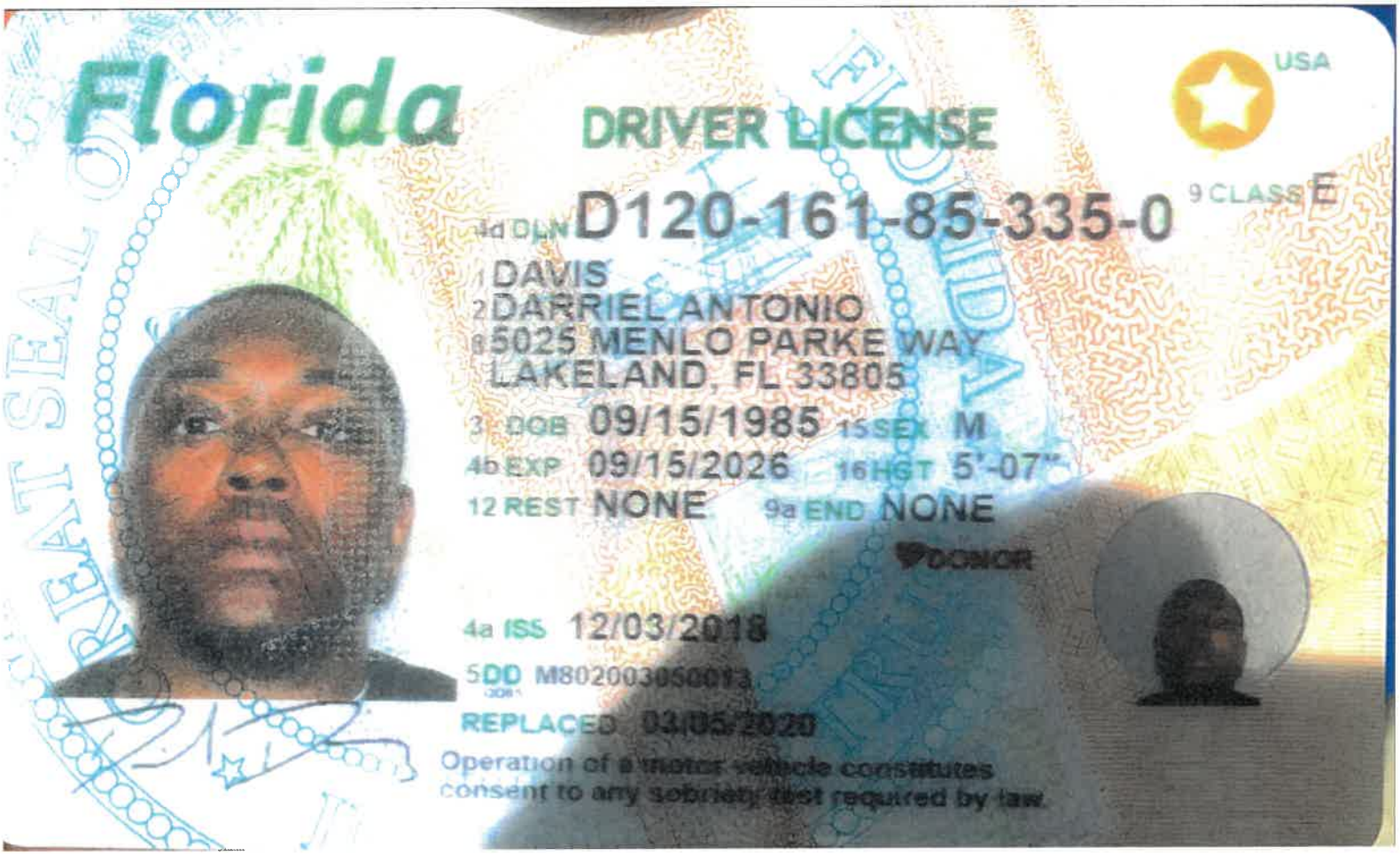
NOREAST SERVICES MBW CORP.

This document hereby confirms your report has been filed to the Financial Crimes Enforcement Network (FINCEN) with the information you provided. You are now in compliance with FINCEN and your BOIR has been successfully submitted.

2000-0193-1665
FINCEN ID

BOI
Beneficial Ownership Information

09/05/2024
Date


Florida
DRIVER LICENSE
USA
4d DLN D120-161-85-335-0
9 CLASS E
1 DAVIS
2 DARRIEL ANTONIO
8 5025 MENLO PARKE WAY
LAKELAND, FL 33805
3 DOB 09/15/1985
15 SEX M
4b EXP 09/15/2026
16 HGT 5'-07"
12 REST NONE
9a END NONE
DONOR
4a ISS 12/03/2018
5 DD M802003050013
REPLACED 03/05/2020
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.

SEE OBSERVATIONS BEGINNING ON PAGE 5 (IF APPLICABLE)

MENTIONS ET RESTRICTIONS
Ce passeport est valable pour tous les pays, sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.

VOIR LES OBSERVATIONS DÉBUTANT À LA PAGE 5 (LE CAS ÉCHÉANT)

Signature of bearer - Signature du titulaire

EPI91972

AY996621

PASSPORT
PASSEPORT

CANADA

Type/Type
P

Issuing Country/Pays émetteur
CAN

Passport No./Passeport no
AY996621

Surname/Nom
WHITMORE

Given names/Prénoms
BRADLEY MARK

Nationality/Nationalité
CANADIAN/CANADIENNE

Date of birth/Date de naissance
02 JAN /JAN 76

Sex/Sexe
M

Place of birth/Lieu de naissance
REGINA CAN

Date of issue/Date de délivrance
04 MAR /MARS 24

Date of expiry/Date d'expiration
04 MAR /MARS 34

Issuing Authority/Autorité de délivrance
SAINT-LAURENT

EPI91972

P<CANWHITMORE<<BRADLEY<MARK<<<<<<<<<<<<<<<<<<<<

AY996621<5CAN7601026M3403048<<<<<<<<<<<<<<<06

ENDORSEMENTS AND LIMITATIONS
This passport is valid for all countries unless otherwise specified. The bearer must comply with any visa or other entry regulations of the countries to be visited.
SEE OBSERVATIONS BEGINNING ON PAGE 5 (IF APPLICABLE)

MENTIONS ET RESTRICTIONS
Ce passeport est valable pour tous les pays sauf indication contraire. Le titulaire doit se conformer aux formalités relatives aux visas ou aux autres formalités d'entrée des pays où il a l'intention de se rendre.
VOIR LES OBSERVATIONS DÉBUTANT À LA PAGE 5 (LE CAS ÉCHÉANT)

Signature of bearer - Signature du titulaire

ELC517106

AK479851

PASSPORT
PASSEPORT

CANADA

Type/Type
P
Issuing Country/Pays émetteur
CAN
Passport No./N° de passeport
AK479851

Surname/Nom
BALDWIN
Given names/Prénoms
MICHAEL
Nationality/Nationalité
CANADIAN/CANADIENNE
Date of birth/Date de naissance
17 JAN /JAN 72
Sex/Sexe
M
Place of birth/Lieu de naissance
MARKLAND CAN
Date of issue/Date de délivrance
15 NOV /NOV 19
Date of expiry/Date d'expiration
15 NOV /NOV 29
Issuing Authority/Autorité de délivrance
SURREY

ELC517106

P<CANBALDWIN<<MICHAEL<<<<<<<<<<<<<<<<<<<<<<<<

AK479851<6CAN7201172M2911157<<<<<<<<<<<<<<08

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

STATE OF FLORIDA
COUNTY OF __POLK_____

Before me, the undersigned notary public authorized to administer oaths, personally appeared __Bradley Whitmore_____ who, first being duly sworn, on oath deposes and states, as follows:

1) He is _____Owner and Vice President_____, a __C_____ corporation.

2) He has personal knowledge of the facts stated in this Affidavit and that all such facts are true and correct.

3) There are no unsatisfied judgments entered against _NorEast Services MBW Corp_____.

4) There are no liens of record filed by the Internal Revenue Service against __NorEast Services MBW Corp_____.

5) There are no liens of record filed by the State of Florida, or any agency or subdivision thereof, against _NorEast Services MBW Corp_____.

6) _Bradley Whitmore_____ acknowledges and consents that the County shall have the right to inspect NorEast Services MBW Corp vehicles, containers, compactors, and other equipment at any time.

7) During the time of the existing Commercial Franchise, NorEast Services MBW Corp has complied with all of the requirements stated in the Polk County Ordinance 13-069 and with all other applicable laws, and if awarded a renewal term of 1 Year will continue to comply with the same.

Further the affiant sayeth not.

Dated the 2nd day of _October_____, 2025__

Sworn Person Signature

BRADLEY MARK WHITMORE
Printed Name and Title of Sworn Person

Florida
Miami-dade

This notarial act was an online notarization.

The foregoing instrument was sworn (or affirmed) and subscribed before me this 2nd day of October, 2025, by BRADLEY MARK WHITMORE, who is either □ personally known to me; or □ has produced Canada Passport as identification.

CAROLINA HENDERSON
Notary Public - State of Florida
Commission # HH 323216
My Comm. Expires Feb 17, 2027

Signer personally appeared by online notarization and produced identification via OnlineNotary.us

(AFFIX NOTORIAL SEAL)

Carolina Henderson
Notary Public Signature

Carolina Henderson
Printed Name of Notary Public

HH 323216
Notary Commission Number/Expiration

INDEMNITY

WHEREAS, THE UNDERSIGNED Bradley Whitmore (the "Undersigned"), is the Owner and Vice President of NorEast Services MBW Corp (the "company"), a C Corp,

WHEREAS, the BradleyWhitmore, 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 NorEast Services MBW Corp

NOW, THEREFORE, in consideration of the benefits accruing to the NorEast Services MBW Corp and for other good and valuable consideration, the Undersigned, by and o behalf of the NorEast Services MBW Corp 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, NorEast Services MBW Corp, 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 NorEast Services MBW Corp this 2nd day, 2025.

ATTEST:

By: Carolina Henderson

Carolina Henderson
[Printed Name, Title]

a BRADLEY MARK WHITMORE

By: _____

_____
[Printed Name, Title]

State of Florida

AFFIX NOTORIAL SEAL

Sworn to (or affirmed) and subscribed before me by means of online notarization this 2nd day of October 2025 by BRADLEY MARK WHITMORE.

Carolina Henderson

Signature of Notary Public-State of Florida

CAROLINA HENDERSON
Notary Public - State of Florida
Commission # HH 323216
My Comm. Expires Feb 17, 2027

Signer personally appeared by online notarization and produced identification via OnlineNotary.us

Name of Notary: Carolina Henderson
Personally Known _____ OR Produced Identification ___X_____

Type of Identification Produced: Canada Passport

Thank you for your payment

Confirmation #	183453869
Date	Thursday, October 2, 2025, 2:22:50 PM US Eastern Time
Total Amount	$773.15
Paid with	VISA account ending in 2014
Customer Information	Michael Baldwin brad.whitmore@1800gotjunk.com (514) 299-9685

Transaction Details

Bill Type	Details	Amount
License Renewal	**Company Name:** NorEast Services MBW Corp **Ticket or Invoice Number:** 00000	$750.00

Sub Total	$750.00
Convenience Fee	$23.15
Total	**$773.15**

CONVENIENCE FEE

Your agency has partnered with a third party service provider to provide you with convenient online payment services via credit card debit card or electronic check payments. IN ORDER TO USE THIS SERVICE YOU MAY HAVE TO PAY A NON-REFUNDABLE CONVENIENCE FEE IN ADDITION TO THE AMOUNT(S) OWED TO YOUR PAYEE. Please note that the service provider (not your Payee) will appear as the merchant of record next to your payment on your bank or credit card statement.

ACCESSIBILITY

This service is accessible through the Internet. In order to use this service you will need a personal computer access to the Internet with an Internet service provider and a web browser which supports this service.

ACCURACY OF YOUR INFORMATION AND BILLING; COMPLETION OF PAYMENT

You are solely responsible for providing accurate and complete information to use this service and for

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.

Name:	Michael Baldwin
Address:	3535 Reynolds Road, Lakeland FL, US, 33803
Contact:	5142999685
Comments:	
Payment ID:	**183453869**
Date:	10/02/25 02:22 PM
Subtotal:	$750.00
Fee:	$23.15
Total:	$773.15
Method:	Credit Card(**********2014)

Item Purchased	Transaction Description	Account	Amount
License Renewal	CTYPolkWsteGOV	00000	$750.00

Signature:_____ **Date:**_____/_____/_____

By signing this receipt you agree to the terms and conditions 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