



GRAVEL REMOVAL TAX REPORTING FORM

- 1. Name of Operator _____
- 2. Address _____
- 3. Reporting period covered by this report is from _____
- 4. Location of pit where gravel was removed, and points of delivery:

Name or location of pit where gravel was removed	Point of Delivery, Township or Municipality, Project No., (over 5,000 yards)	Contract Number	Total Cubic yards / Tons

5. Total number of yards/tons of gravel removed during period covered:

_____ Yds. @ .215

_____ Tons @ .15

\$ _____ **Total Due**

I, We, herby certify that the above computations are correct and that the above yardage/tons reported, constitutes all gravel material removed by:

(Name of Firm)

From all sources in Nicollet County during the period from _____ to _____

Firm Name

By: _____

State of Minnesota
County of _____

Subscribed and sworn to before me this _____ day of _____ 20____

My Commission expires _____

Notary Public

*****All pits and jobs must be listed separately, list all jobs under 5,000 in one line*****