



Town of Lyons
P.O. Box 49
Lyons, CO 80540

COLORADO CARRYOUT BAG FEE RETURN

C.R.S. 25-17-501

Business Name*

Street Address*

City*

State

Zip

Return Period

(MM/YY - MM/YY)*

to

Filing Frequency

Monthly

Quarterly

Total # Bags Sold*

Total \$ Amount of Bag Fees Collected*

ADMINISTRATIVE FEE 40% Retained

DUE TO TOWN 60% Payable

Please make checks payable to **TOWN OF LYONS**

Signature

Date Submitted

Preparer/Contact Name

Preparer/Contact Title

Phone #

* Required Data