



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