

601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services

Applications for Release from the *Special Tax Assessment*

7/5/2023

Map and Parcel #: 381-22 and _____
Property Owner's Name: Alice M Smart
Property Address Being Released: 179 Huxley Street W.
Step, Ga. 31303
Mailing Address: Same

Name of Contact Person: Lillie or Alice Mae Smart
Phone Number: 912-754-3828 Additional Number: 912-541-5018

- Check One:
- Structure is in deteriorating condition and not fit for habitation
 - Structure is not a permanent residence
 - Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Structure was removed 11/2020

Release and/or Refund Amount Requested: + 2023 if necc.
Year: 2020 Tax Bill #: _____ Amount Requested \$ 227⁰⁰
Year: 2021 Tax Bill #: _____ Amount Requested \$ 227⁰⁰
Year: 2022 Tax Bill #: _____ Amount Requested \$ 227⁰⁰

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service within 30 days should my property no longer qualify for the *special tax assessment* release.

Lillie Smart _____
Person Requesting Release (please print) Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
Board of Commissioners: Approve Disapprove Amount: \$ _____
Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: [Signature] DATE: 7/6/2023

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

*****AUTO**5-DIGIT 31314
 13619817 9997-RNA 24857 1 1 2

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

SMART ALICE M
 179 HURLEY SMART RD
 CLYO GA 31303-2868

County property records are available online at: qpublic.net/ga/effingham/



The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in BOX 'B' of this notice. You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors. If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

- A
- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
 - (2) Arbitration (value)
 - (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
10978	03810022	3.35	01		YES-S4
Property Description		3.35 AC TRACT 1			
Property Address		179 HURLEY SMART RD			
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
B 100% Appraised Value	0	89,368	93,149	0	
40% Assessed Value	0	35,747	37,260	0	

REASONS FOR ASSESSMENT NOTICE

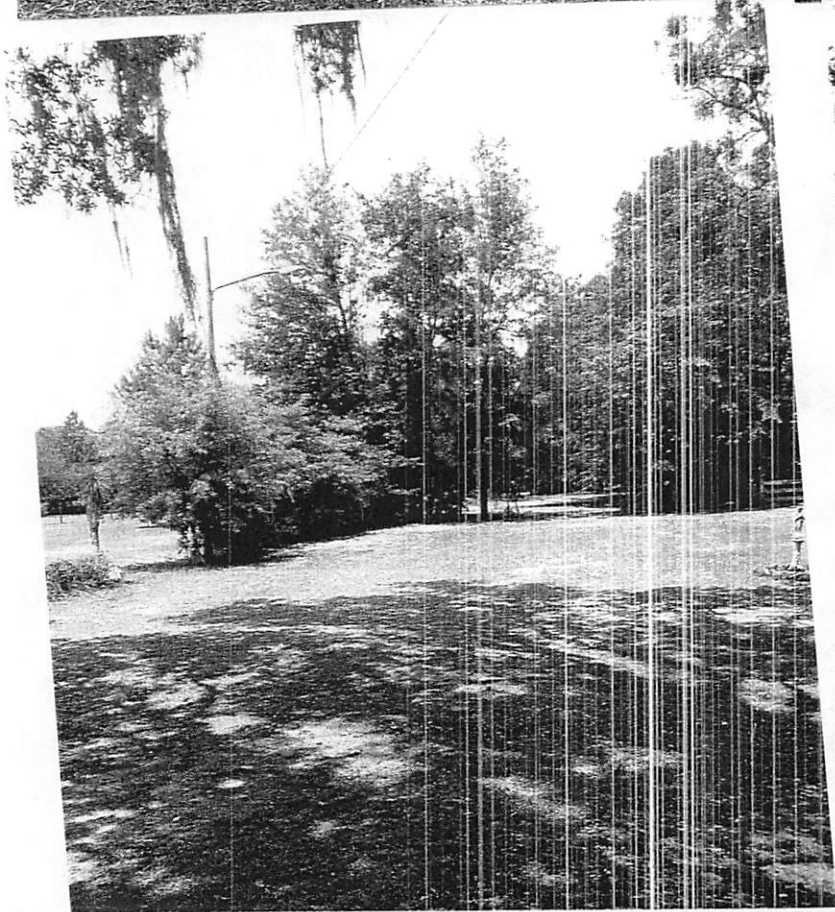
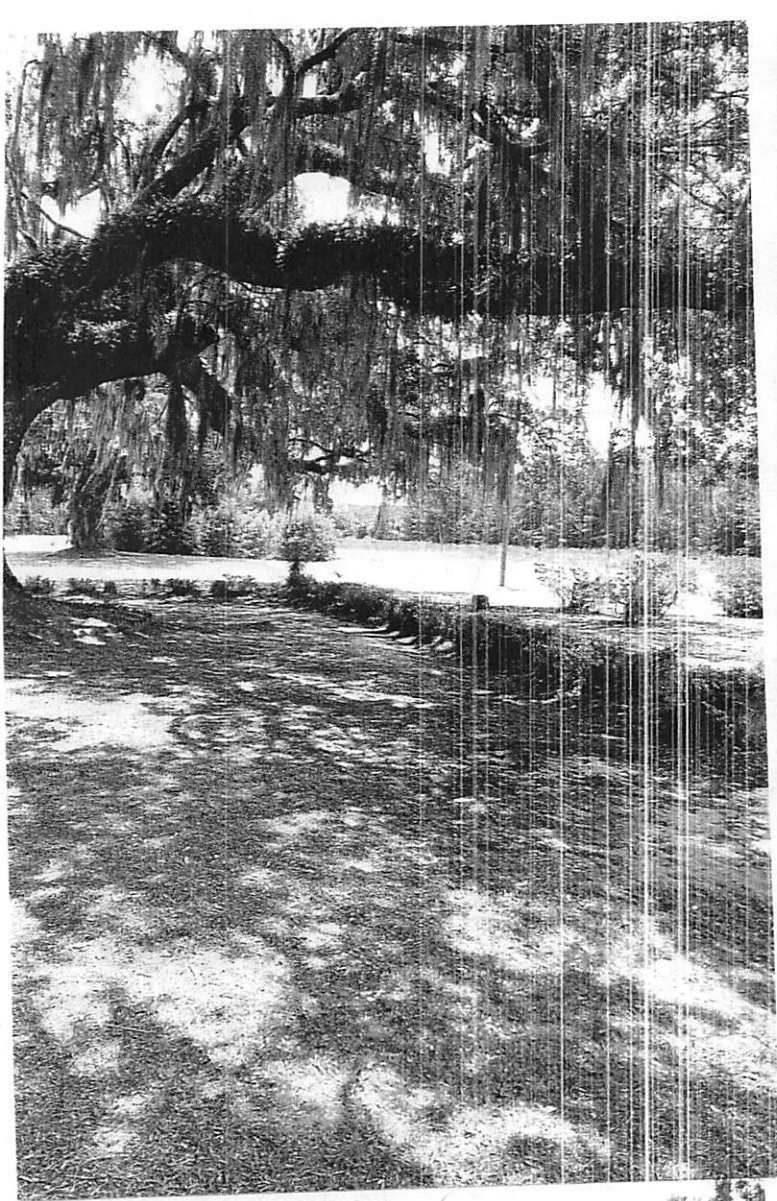
AC LAND SCHEDULE CHANGE

Mrs Smart is still paying taxes on the mobile home and it has been sold 2 1/2 years ago. Please see the pictures, the mobile home is not there. Thanks.

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
C COUNTY M&O	0	8,153	29,107	0.006939	201.97
SCHOOL M&O	0	22,153	15,107	0.015810	238.84
INDUSTRIAL AUTHORITY	0	8,153	29,107	0.002000	58.21
HOSPITAL AUTHORITY	0	8,153	29,107	0.001580	45.99
FIXED ASSESSMENT	0	0	37,260	0.000000	0.00
SANITATION - ELDERLY	0	0	37,260	0.000000	100.00
SANITATION - 2ND CAR	0	0	37,260	0.000000	127.00
FIRE FEE-RES	0	0	37,260	0.000000	120.00
FIRE CHARGE-RES_MH	0	0	37,260	0.000000	40.32
PUBLIC WORKS ROADS	0	8,153	29,107	0.001250	36.38

Total Estimated Tax 990.54



RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 329-2 and _____
Property Owner's Name: Charles K & Heather Hodges
Property Address Being Released: 151 Reed Street Lot 4A-2

Mailing Address: P.O. Box 237 Milledgeville Ga. 31318

Name of Contact Person: Kelly Hodges
Phone Number: 912-661-3493 Additional Number: ckhodges05@gmail.com

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Requesting removal of second can. Property has 2 dwellings with separate tax bills. Being charged for 3 cans

Release and/or Refund Amount Requested:

Year: <u>2023</u>	Tax Bill #: _____	Amount Requested \$ <u>243.⁰⁰</u>
Year: <u>2022</u>	Tax Bill #: _____	Amount Requested \$ <u>243.⁰⁰</u>
Year: _____	Tax Bill #: _____	Amount Requested \$ _____

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Kelly Hodges _____
 Person Requesting Release (please print) Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: Chad Hill Date: 8/16/23
 Tax Assessor: Approve Disapprove By: Neil [unclear] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: Lynda [unclear] Date: 7-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Joshua Shiff DATE: 7/19/2023

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

*****AUTO**5-DIGIT 31312
 13819817 9997-RNA 10159 1 1 2

HODGES CHARLES KELLY & HEATHER LORAINE
 PO BOX 237
 MELDRIM GA 31318-0237



9897/PRNA 5/9/19 K

The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in BOX 'B' of this notice. You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors. If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

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- (2) Arbitration (value)
- (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

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Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
5267	03290020	4.86	01		NO-S0
Property Description	4.86 AC LOT 4A-2				
Property Address	151 REED ST				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% Appraised Value	0	81,128	100,929	0	
40% Assessed Value	0	32,451	40,372	0	

REASONS FOR ASSESSMENT NOTICE

AC LAND SCHEDULE CHANGE

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Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
COUNTY M&O	0	0	40,372	0.006939	280.14
SCHOOL M&O	0	0	40,372	0.015810	638.28
INDUSTRIAL AUTHORITY	0	0	40,372	0.002000	80.74
HOSPITAL AUTHORITY	0	0	40,372	0.001580	63.79
FIRE CHARGE-RES_MH	0	0	40,372	0.000000	24.32
FIRE FEE-RES	0	0	40,372	0.000000	120.00
SANITATION - REGULAR	0	0	40,372	0.000000	243.00
FIXED ASSESSMENT	0	0	40,372	0.000000	0.00
SANITATION - 2ND CAR	0	0	40,372	0.000000	254.00
PUBLIC WORKS ROADS	0	0	40,372	0.001250	50.47

Total Estimated Tax 1,785.02

Official Tax Matter - 2023 Tax Year

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Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: public.net/ga/effingham/

*****AUTO**5-DIGIT 31312
 13619817 0997-RNA 10158 1 1 2

HODGES CHARLES KELLY & HEATHER LORRAINE
 PO BOX 237
 MELDRIM GA 31318-0237



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At the time of filing your appeal you must select one of the following appeal methods:

- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
- (2) Arbitration (value)
- (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

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Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
28260	03290020A00	1.22	01		YES-S1
Property Description	1.22 AC LOT A-41(LOT 4)				
Property Address	151 REED ST				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% Appraised Value	0	275,431	312,517	0	
40% Assessed Value	0	110,172	125,007	0	

REASONS FOR ASSESSMENT NOTICE

C2 299C Expired Appeal Value Removed [YEC]

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
COUNTY M&O	0	30,980	94,027	0.006939	652.45
SCHOOL M&O	0	28,980	96,027	0.015810	1,518.19
INDUSTRIAL AUTHORITY	0	30,980	94,027	0.002000	188.05
HOSPITAL AUTHORITY	0	30,980	94,027	0.001580	148.56
FIRE CHARGE-RES_MH	0	0	125,007	0.000000	51.70
FIXED ASSESSMENT	0	0	125,007	0.000000	0.00
FIRE FEE-RES	0	0	125,007	0.000000	120.00
SANITATION - REGULAR	0	0	125,007	0.000000	243.00
PUBLIC WORKS ROADS	0	30,980	94,027	0.001250	117.53
RECREATION	0	30,980	94,027	0.000650	61.12

Total Estimated Tax 3,110.00

9397PRNA 5/6/19 K

13619817-10158-1-2

601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for
0422A-076 Solid Waste Management Services
Applications for Release from the Special Tax Assessment

Map and Parcel #: 0422A-076 and _____
Property Owner's Name: Eloise Williams
Property Address Being Released: _____
177 Sixth Street, Clyo, GA 31303
Mailing Address: _____
4405 Stillwell Clyo Rd, Clyo, GA 31303
Name of Contact Person: Mary Maxwell
Phone Number: 912-856-1958 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the special tax assessment. No one has lived at this residence since 2000, no trash collection.

Release and/or Refund Amount Requested:

Year: 2023 Tax Bill #: _____ Amount Requested \$ 243
Year: 2022 Tax Bill #: 22106 Amount Requested \$ 243
Year: 2021 Tax Bill #: _____ Amount Requested \$ 243

*As far back as possible

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the special tax assessment release.

Mary Maxwell
Person Requesting Release (please print)

Mary Maxwell
Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
Board of Commissioners: Approve Disapprove Amount: \$ _____
Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Lashena Shyff

DATE: 8/1/2023

*2022-22106 BILL #
Sanitation 1 set

RETURN COMPLETED FORM to the	Effingham County Sanitation Department 601 N. Laurel Street Springfield, Ga. 31329 Phone (912) 754-4668 (extension 0)
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**Terms and Conditions for Release of the Special Tax Assessment for
Solid Waste Management Services**
Applications for Release from the *Special Tax Assessment*

Map and Parcel #: _____ and _____
 Property Owner's Name: GLORIA & RODNEY DURRANCE
 Property Address Being Released: 290 SHIRLEY DR. & 300 S HIRLEY DR.
DUYTON GA 31312
 Mailing Address: SAME AS ABOVE.

Name of Contact Person: GLORIA DURRANCE
 Phone Number: 912-398-6225 Additional Number: 912-257-5169

- Check One:
- Structure is in deteriorating condition and not fit for habitation
 - Structure is not a permanent residence
 - Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Billing for being charge for 2 sets of carts for both properties. Only have one set for each.

Release and/or Refund Amount Requested:

Year: <u>2023</u>	Tax Bill #: _____	Amount Requested \$ <u>486.00</u>
Year: <u>2022</u>	Tax Bill #: _____	Amount Requested \$ <u>486.00</u>
<i>Possible</i> Year: <u>2021</u>	Tax Bill #: _____	Amount Requested \$ <u>486.00</u>

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

GLORIA M. DURRANCE
 Person Requesting Release (please print) _____ Signature of Person requesting Release _____

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 7/16/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: [Signature] DATE: 8/1/2023

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

*****AUTO**5-DIGIT 31312
 13619817 9997-RNA 3002 1 1 2

DURRANCE RODNEY A AND GLORIA M
 306 SHIRLEY DR
 GUYTON GA 31312-5103



The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in **BOX 'B'** of this notice. **You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors.** If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

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A

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All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

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Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
32201	0370C003D00	1.50	01		NO-S0
Property Description	1.50 AC PAR 3A.2 (OUT 370C-3) PLT 29/417				
Property Address	0 SHIRLEY DR				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
B 100% Appraised Value	0	0	70,302	0	
40% Assessed Value	0	0	28,121	0	

REASONS FOR ASSESSMENT NOTICE

- C2 New Property (real parcel) added.
- C2 Parcel acreage changed.
- C2 Accessory Improvement deleted.
- C2 Residential Improvement deleted.
- AC LAND SCHEDULE CHANGE

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Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
C COUNTY M&O	0	0	28,121	0.006939	195.13
SCHOOL M&O	0	0	28,121	0.015810	444.59
INDUSTRIAL AUTHORITY	0	0	28,121	0.002000	56.24
HOSPITAL AUTHORITY	0	0	28,121	0.001580	44.43
FIRE FEE-RES	0	0	28,121	0.000000	120.00
SANITATION - REGULAR	0	0	28,121	0.000000	486.00
FIRE CHARGE-RES_MH	0	0	28,121	0.000000	21.28
FIXED ASSESSMENT	0	0	28,121	0.000000	0.00
PUBLIC WORKS ROADS	0	0	28,121	0.001250	35.15
RECREATION	0	0	28,121	0.000650	18.28

Total Estimated Tax 1,423.91

306 Shirley, 111...

Official Tax Matter - 2023 Tax Year

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Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

*****AUTO**5-DIGIT 31312
 13619817 9997-RNA 3003 1 1 2

DURRANCE RODNEY A AND GLORIA M
 306 SHIRLEY DR
 GUYTON GA 31312-5103



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Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
9204	0370C003	2.00	01		NO-S0
Property Description		2.00 AC PAR 3A (SPLT 370C-3C&D) PLT 29/417			
Property Address		0 SHIRLEY DR			
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% Appraised Value	0	150,957	145,153	0	
40% Assessed Value	0	60,383	58,061	0	

REASONS FOR ASSESSMENT NOTICE

- 67 NEW STRUCTURE
- C2 Parcel acreage changed.
- C2 Accessory Improvement deleted.
- AC LAND SCHEDULE CHANGE

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Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
COUNTY M&O	0	0	58,061	0.006939	402.89
SCHOOL M&O	0	0	58,061	0.015810	917.94
INDUSTRIAL AUTHORITY	0	0	58,061	0.002000	116.12
HOSPITAL AUTHORITY	0	0	58,061	0.001580	91.74
FIXED ASSESSMENT	0	0	58,061	0.000000	0.00
SANITATION - REGULAR	0	0	58,061	0.000000	486.00
FIRE CHARGE-RES_MH	0	0	58,061	0.000000	21.28
FIRE FEE-RES	0	0	58,061	0.000000	360.00
PUBLIC WORKS ROADS	0	0	58,061	0.001250	72.58
RECREATION	0	0	58,061	0.000650	37.74

Total Estimated Tax 2,512.10

S. Pine Plantation
 370c-3B

290 Shirley Dr

9397PRNA 5/9/19 K

13619817-3003-1-2

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for
Solid Waste Management Services

Applications for Release from the *Special Tax Assessment*

405-13

Map and Parcel #: _____ and _____
Property Owner's Name: Kerry Lane & Cindy D. Bahn
Property Address Being Release d: 4503 Hwy 119 N
Clyo GA 31303

Mailing Address: _____

Name of Contact Person: Cindy Bahn
Phone Number: 912 754 7649 Additional Number: 912 657 - 4724

Check One:

- Structure is in deteriorat ng condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Removal of 1 Set of Carts and additional trash cart

Release and/or Refund Amount Requested:

Year: 2023 Tax Bill #: _____ Amount Requested \$ 370.⁰⁰
 Year: 2022 Tax Bill #: _____ Amount Requested \$ 370.⁰⁰
 Year: 2021 Tax Bill # _____ Amount Requested \$ 370.⁰⁰

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Cindy Bahn Kerry Bahn
Person Requesting Release (please print)

Cindy Bahn Kerry & Bahn
Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY [Signature] DATE: 8/1/2023

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: public.net/ga/effingham/

*****AUTO**5-DIGIT 31314
 13619817 9997-RNA 24741 1 1 2

RAHN KERRY LANE &
 CINDY D
 4503 HIGHWAY 119 N
 CLYO GA 31303-3625



The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in BOX 'B' of this notice. You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors. If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
- (2) Arbitration (value)
- (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
12803	04050013	6.62	01		YES-S3
Property Description	6.62 AC PER PLAT				
Property Address	4503 HWY 119				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% Appraised Value	0	142,767	196,141	0	
40% Assessed Value	0	57,107	78,456	0	

REASONS FOR ASSESSMENT NOTICE

AC LAND SCHEDULE CHANGE

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
COUNTY M&O	0	4,000	74,456	0.006939	516.65
SCHOOL M&O	0	10,000	68,456	0.015810	1,082.29
INDUSTRIAL AUTHORITY	0	4,000	74,456	0.002000	148.91
HOSPITAL AUTHORITY	0	4,000	74,456	0.001580	117.64
SANITATION - REGULAR	0	0	78,456	0.000000	486.00
FIRE CHARGE-RES_MH	0	0	78,456	0.000000	18.24
FIRE CHARGE-RES_MH	0	0	78,456	0.000000	48.64
SANITATION - 2ND CAR	0	0	78,456	0.000000	127.00
FIXED ASSESSMENT	0	0	78,456	0.000000	0.00
FIRE FEE-RES	0	0	78,456	0.000000	240.00

Total Estimated Tax 2,934.29

3 reg trash
 2 recycle
 Need to remove
 2 trash 1 rec
 201 Decker D
 Cans are
 1000000

2 req -
1 extra

appeal,

Field ppt,
out to
assess

need to have cans removed.

2nd set + 1 extra

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services

Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 03380 and 16 A01
Property Owner's Name: Randall A. Wood
Property Address Being Released: _____

Mailing Address: 150 Douglas Rd Springfield, GA 31329

Name of Contact Person: Adam Wood
Phone Number: 912-667-5106 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. I'm being charged for a second trash can.
I only have one waste/one recycle

Release and/or Refund Amount Requested:
Year: 2022 Tax Bill #: 35693 Amount Requested \$ 127-
Year: 2023 Tax Bill #: _____ Amount Requested \$ _____
Year: _____ Tax Bill #: _____ Amount Requested \$ _____

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Adam Wood _____
Person Requesting Release (please print) Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: Cat Wolf Date: 8/16/23
Tax Assessor: Approve Disapprove By: Neal Groover Date: 8/21/23
Tax Commissioner: Approve Disapprove By: Jane McDaniel Date: 9-5-23
Board of Commissioners: Approve Disapprove Amount: \$ _____
Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Jasheena Shipp DATE: 7/14/2023

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 363-24 and _____
Property Owner's Name: WALTER R. BRAVO
Property Address Being Released: 1035 ARNSLORFF LOOP
Clyo, GA. 31303

Mailing Address: 1111 ARNSLORFF LOOP CLYO, GA 31303

Name of Contact Person: YES
Phone Number: 912 455-4667 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. terminated - structure not livable

Release and/or Refund Amount Requested:

Year: <u>2023</u>	Tax Bill #: <u>8259</u>	Amount Requested \$ <u>243</u>
Year: <u>2019</u>	Tax Bill #: <u>8258</u>	Amount Requested \$ <u>215</u>
Year: <u>2018</u>	Tax Bill #: <u>2018-2714</u>	Amount Requested \$ <u>200</u>

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

WALTER R. BRAVO _____
 Person Requesting Release (please print) Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 7/13/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: [Signature] DATE: 7/19/2023

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

*****AUTO**5-DIGIT 31314
 13619817 9997-RNA 23918 1 1 2

BRAVO WALTER R
 1111 ARNSDORFF LOOP
 CLYO GA 31303-3435



9997/RNA 5/9/19 K

The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in **BOX 'B'** of this notice. You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors. If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

A

- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
- (2) Arbitration (value)
- (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

B

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
8259	03630026	7.05	01		NO-S0
Property Description	7.05 AC				
Property Address	1037 ARNSDORFF LP				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
100% <u>Appraised</u> Value	0	42,250	47,457	0	
40% <u>Assessed</u> Value	0	16,900	18,983	0	

REASONS FOR ASSESSMENT NOTICE

AC LAND SCHEDULE CHANGE

C

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
COUNTY M&O	0	0	18,983	0.006939	131.72
SCHOOL M&O	0	0	18,983	0.015810	300.12
INDUSTRIAL AUTHORITY	0	0	18,983	0.002000	37.97
HOSPITAL AUTHORITY	0	0	18,983	0.001580	29.99
FIRE CHARGE-RES_MH	0	0	18,983	0.000000	30.42
FIXED ASSESSMENT	0	0	18,983	0.000000	0.00
SANITATION - REGULAR	0	0	18,983	0.000000	243.00
FIRE FEE-RES	0	0	18,983	0.000000	120.00
PUBLIC WORKS ROADS	0	0	18,983	0.001250	23.73
RECREATION	0	0	18,983	0.000650	12.34

Total Estimated Tax 931.19

Official Tax Matter - 2019 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

*****AUTO**5-DIGIT 31301
 7604462 9997-RVA 834 1 1 1

Annual Assessment Notice Date: 6/7/2019

Last date to file a written appeal: 7/22/2019

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

BRAVO WALTER R
 1111 ARNSDORFF LOOP
 CLYO GA 31303-3435



The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in **BOX 'B'** of this notice. **You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors.** If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

At the time of filing your appeal you must select one of the following appeal methods:

- A**
- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
 - (2) Arbitration (value)
 - (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
8259	03630026	7.05	01		NO-S0
Property Description	7.05 AC				
Property Address	1035 ARNSDORFF LP				
	Taxpayer Returned Value	Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
B	100% <u>Appraised</u> Value	0	50,732	38,807	0
	40% <u>Assessed</u> Value	0	20,293	15,523	0

REASONS FOR ASSESSMENT NOTICE

50 LAND VALUE ADJUSTED TO REFLECT CURRENT MARKET

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
C COUNTY M&O	0	0	15,523	0.006558	101.80
SCHOOL M&O	0	0	15,523	0.017077	265.09
INDUSTRIAL AUTHORITY	0	0	15,523	0.002000	31.05
HOSPITAL AUTHORITY	0	0	15,523	0.002310	35.86
FIRE FEE-RES	0	0	15,523	0.000000	100.00
FIXED ASSESSMENT	0	0	15,523	0.000000	0.00
SANITATION - REGULAR	0	0	15,523	0.000000	215.00
PUBLIC WORKS ROADS_R	0	0	15,523	0.001750	27.17

Total Estimated Tax 775.97

Ida McDaniel
 Effingham County Tax Commissioner
 PO BOX 787
 SPRINGFIELD, GA 31329

Phone: (912) 754-2121 Fax: (912) 754-8411



Tax Payer: BRAVO WALTER R
 Map Code: 03630-026-000 REAL
 Description: 7.05 AC
 Location: 1035 ARNSDORFF LP
 Bill No: 2018-2776
 District: 001 EFFINGHAM COUNTY

Building Value	Land Value	Acres	Fair Market Value	Due Date			Payment Good Through	Exemptions
10,583	40,149	7.0500	50,732	11/15/2018			11/15/2018	
Entity	Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gross Tax	Credit	Net Tax
STATE TAX	50,732.00	20,293.00	0.00	20,293.00	.000	0.00	0.00	0.00
COUNTY M&O	50,732.00	20,293.00	0.00	20,293.00	10.378	210.60	0.00	133.08
SALES TAX ROLLBACK	50,732.00	20,293.00	0.00	20,293.00	-3.820	0.00	-77.52	0.00
SCHOOL M&O	50,732.00	20,293.00	0.00	20,293.00	17.077	346.54	0.00	346.54
ROADS AND RECREATION	50,732.00	20,293.00	0.00	20,293.00	1.750	35.51	0.00	35.51
INDUSTRIAL DEV. AUTHORITY	50,732.00	20,293.00	0.00	20,293.00	2.000	40.59	0.00	40.59
HOSPITAL	50,732.00	20,293.00	0.00	20,293.00	2.310	46.88	0.00	46.88
FIRE	50,732.00	0.00	0.00	0.00	.000	100.00	0.00	100.00
SANITATION DEPARTMENT	50,732.00	0.00	0.00	0.00	.000	200.00	0.00	200.00
TOTALS					29.695	980.12	-77.52	902.60



BILL NUMBER BARCODE

Bill No:2018-2776	
Current Due	902.60
Penalty	0.00
Interest	0.00
Other Fees	0.00
Previous Payment	0.00
Back Taxes	0.00
TOTAL DUE	902.60

Effingham County provides flood information and insurance requirements upon request for properties in the Unincorporated County at no cost. Such information includes Special Flood Hazard Areas, copies of elevation certificates, and additional flood insurance data such as FIRM zones and base flood elevations. To request one of these items call (912)-754-8063 or visit the office in the Administrative Complex at 601 N. Laurel Street. Upon request, a free site visit can be scheduled. More information is available at <http://www.inghamcounty.org/295/Water-Resources>.

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for
Solid Waste Management Services
Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 029.7B and 022
Property Owner's Name: Ann L. Oxley
Property Address Being Released: 2273 Hwy 17 So
Gwynn
Mailing Address: 2273 Hwy 17 So.
Gwynn Ga 31312
Name of Contact Person: J ANN OXLEY
Phone Number: 808 640 7348 Additional Number: none

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax* assessment. I only have one trash bin

Removal of 2 reg + 1 second trash.

Release and/or Refund Amount Requested:

Year: 2022 Tax Bill #: _____ Amount Requested \$ 370.-
Year: 2021 Tax Bill #: _____ Amount Requested \$ _____
Year: _____ Tax Bill #: _____ Amount Requested \$ _____

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax* assessment release.

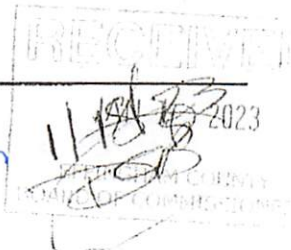
Ann L. Oxley
Person Requesting Release (please print)

Ann L. Oxley
Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
Board of Commissioners: Approve Disapprove Amount: \$ _____
Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: _____ DATE: _____

aloxley493@gmail.com



RETURN COMPLETED FORM to the Effingham County Sanitation Department
 601 N. Laurel Street Springfield, Ga. 31329
 Phone (912) 754-4668 (extension 0)

**Terms and Conditions for Release of the Special Tax Assessment for
 Solid Waste Management Services**
 Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 03500005 and _____
 Property Owner's Name: Horace Lee Brown III
 Property Address Being Released: 206 Dasher Road, Guyton, Ga. 31312

Mailing Address: 206 Dasher Road, Guyton Ga. 31312

Name of Contact Person: Horace Brown
 Phone Number: 912-661-3723 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. No 2nd cart on property.

Release and/or Refund Amount Requested:

Year: 2022 Tax Bill #: 2022-14503 Amount Requested \$ 127.00
 Year: 2023 Tax Bill #: _____ Amount Requested \$ 127.⁰⁰
 Year: _____ Tax Bill #: _____ Amount Requested \$ _____

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Horace Lee Brown III
 Person Requesting Release (please print)

[Signature]
 Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: _____ DATE: [Signature] 12/15/22

see Attachment

Accessories

AccKey: 238590

Class Residential
Strat Improvement

Description	C/S	Dim1	Dim2	Value
FIRE CHARGE-RES_MH	R9	0 x	0	0
FIRE FEE-RES	R1	0 x	0	0
HOME SITE FAIR	R1	0 x	0	7400
IMPLEMENT SHED, ROOF ONLY	R1	12 x	54	1288
SANITATION - 2ND CART	R1	0 x	0	0
SANITATION - REGULAR	R1	0 x	0	0

Description

SANITATION - 2ND CART

Width: 0
 Length: 0
 Calc Area: 0
 OVR Area/Units: 0.00
 Identical Units: 1
 Year Built: 2021 EFYR
 Grade: 100
 Phy Depr Ovr: 0.00
 Func Obsl: 1.00
 Other: 1.00
 Calc Depr: 0.00
 Econ Obsl: 1.00
 Perc Comp: 1.00
 Neighborhood: 1.00

Attachment

Comments: 2ND CART REQUESTED BY HORACE BROWN 2/9/2022

Appraiser: Neal Groover Mask Photo Photo Edit History
 State Homestead Ovr Date / /
 Local Homestead Ovr Rsn

Value

Calculated: 0
 Override: 0
 MAV: 0 Ovr
 Last Calc: 0

Official Tax Matter - 2023 Tax Year

This correspondence constitutes an official notice of ad valorem assessment for the tax year shown above.

Annual Assessment Notice Date: 12-Jun-23

Last date to file a written appeal: 27-Jul-23

***** This is not a tax bill - Do not send payment *****

County property records are available online at: qpublic.net/ga/effingham/

*****AUTO**5-DIGIT 31312
 13619817 9997-RNA 1674 1 1 2

BROWN HORACE LEE III
 209 DASHER RD
 GUYTON GA 31312-5402



The amount of your ad valorem tax bill for the year shown above will be based on the **Appraised** (100%) and **Assessed** (40%) values specified in BOX 'B' of this notice. **You have the right to submit an appeal regarding this assessment to the County Board of Tax Assessors.** If you wish to file an appeal, you must do so in writing no later than 45 days after the date of this notice. If you do not file an appeal by this date, your right to file an appeal will be lost. Appeal forms which may be used are available at <https://dor.georgia.gov/documents/property-tax-appeal-assessment-form>.

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- A
- (1) County Board of Equalization (value, uniformity, denial of exemption, or taxability)
 - (2) Arbitration (value)
 - (3) County Hearing Officer (value or uniformity, on non-homestead real property or wireless personal property valued, in excess of \$500,000)

All documents and records used to determine the current value are available upon request. For further information regarding this assessment and filing an appeal, you may contact the county Board of Tax Assessors which is located at 901 N. Pine St. Suite 106 Springfield, GA 31329 and which may be contacted by telephone at: (912) 754-2125. Your staff contacts are Neal Groover and Jennifer Keyes.

Additional information on the appeal process may be obtained at <https://dor.georgia.gov/property-tax-real-and-personal-property>

Account Number	Property ID Number	Acreage	Tax Dist	Covenant Year	Homestead
7205	035C0005	5.01	01		NO-S0
Property Description		5.011 AC TRCT 2 (SPLT 350-5A) PLT 29/160			
Property Address		206 DASHER RD			
Taxpayer Returned Value		Previous Year Fair Market Value	Current Year Fair Market Value	Current Year Other Value	
B	100% <u>Appraised</u> Value	0	57,044	76,951	0
	40% <u>Assessed</u> Value	0	22,818	30,780	0

REASONS FOR ASSESSMENT NOTICE

AC LAND SCHEDULE CHANGE

The estimate of your ad valorem tax bill for the current year is based on the previous or most applicable year's millage rate and the fair market value contained in this notice. The actual tax bill you receive may be more or less than this estimate. This estimate may not include all eligible exemptions.

Taxing Authority	Other Exempt	Homestead Exempt	Net Taxable Value	Millage	Estimated Tax
C COUNTY M&O	0	0	30,780	0.006939	213.58
SCHOOL M&O	0	0	30,780	0.015810	486.63
INDUSTRIAL AUTHORITY	0	0	30,780	0.002000	61.56
HOSPITAL AUTHORITY	0	0	30,780	0.001580	48.63
FIRE FEE-RES	0	0	30,780	0.000000	120.00
FIXED ASSESSMENT	0	0	30,780	0.000000	0.00
FIRE CHARGE-RES_MH	0	0	30,780	0.000000	10.40
SANITATION - 2ND CAR	0	0	30,780	0.000000	127.00
SANITATION - REGULAR	0	0	30,780	0.000000	243.00
PUBLIC WORKS ROADS	0	0	30,780	0.001250	38.48

Total Estimated Tax 1,372.37

RETURN COMPLETED FORM to the Effingham County Sanitation Department
 204 S. Laurel Street Springfield, Ga. 31329
 Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for
 Solid Waste Management Services
 Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 0300B and 036
 Property Owner's Name: RUFUS C HAMILTON
 Property Address Being Released: 2152 SAND HILL RD
GRUYTON GA 31312
 Mailing Address: SAME as Above

Name of Contact Person: RUFUS HAMILTON
 Phone Number: 912 239 8829 Additional Number: _____

- Check One:
- Structure is in deteriorating condition and not fit for habitation
 - Structure is not a permanent residence

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*.
Denial 2 additional CAAs.

Release and/or Refund Amount Requested:
 Year: _____ Tax Bill #: _____ Amount Requested \$ 200.00
 Year: _____ Tax Bill #: _____ Amount Requested \$ _____
 Year: _____ Tax Bill #: _____ Amount Requested \$ _____

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service within 30 days should my property no longer qualify for the *special tax assessment* release.

RUFUS C HAMILTON Person Requesting Release (please print)
Rufus C Hamilton Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23

Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Jashena Shygo DATE: 8/9/2023

Accessories

AccKey: 165579

Class Residential
Strat Improvement

Description	C/S	Dim1	Dim2	Value
FIRE CHARGE-RES_MH	R9	0 x	0	0
FIRE FEE-RES	R1	0 x	0	0
HOME SITE FAIR	R1	0 x	0	7400
SANITATION - 2ND CART	R1	0 x	0	0
SANITATION - REGULAR	R1	0 x	0	0
UTILITY BUILDING, UNFINISHED	R1	12 x	16	682

Description

SANITATION - 2ND CART

Width	0
Length	0
Calc Area	0
OVR Area/Units	0.00
Identical Units	2
Year Built:	2017 EFYR
Grade:	100
Phy Depr Ovr	0.00
Func Obsl	1.00
Other	0.00
Calc Depr	0.00
Econ Obsl	1.00
Perc Comp	1.00
Neighborhood:	1.00

Have they been picked up?

Comments: PAID FOR 2ND AND 3RD CART ADDED 4/18/2018 IN THE NAME OF RUFUS HAMILTON

Appraiser: ~~JAN~~
 Mask Photo
 Ovr Date // Ovr Rsn

Value

Calculated	0
Override	0
MAV	0
Last Calc	0

Ovr

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Terms and Conditions for Release of the Special Tax Assessment for
 Solid Waste Management Services
 Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 0422003⁷ and _____
 Property Owner's Name: Richard & Edythe Frazier
 Property Address Being Released: 162 Marion Avenue
C140, GA 31303
 Mailing Address: ~~100 Little Jack Way~~
Rincon, GA 31326
 Name of Contact Person: Edythe Frazier
 Phone Number: 912-441-4895 Additional Number: _____

- Check One:
- Structure is in deteriorating condition and not fit for habitation
 - Structure is not a permanent residence
 - Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. _____

Release and/or Refund Amount Requested:

Year: <u>2019</u>	Tax Bill #: _____	Amount Requested \$ <u>200</u>
Year: <u>2020</u>	Tax Bill #: _____	Amount Requested \$ <u>215</u>
Year: <u>2021</u>	Tax Bill #: _____	Amount Requested \$ <u>215</u>

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Edythe Frazier Person Requesting Release (please print) Edythe Frazier Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 9/21/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
 Board of Commissioners: Approve Disapprove Amount: \$ _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: _____ DATE: 01/03/2023
(TOP)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services

Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 04500012 and _____
Property Owner's Name: Diana Lynn Spikes
Property Address Being Released: _____

Mailing Address: 118 OAK ST

Name of Contact Person: D. Lynn Spikes
Phone Number: 912-655-1156 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. The can was removed 5 years ago when mobile home was removed

Release and/or Refund Amount Requested:

Year: 2020 Tax Bill #: 24987 Amount Requested \$ 127
 Year: 2021 Tax Bill #: 25415 Amount Requested \$ 127
 Year: 2023 Tax Bill #: 24713 Amount Requested \$ 127

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service within 30 days should my property no longer qualify for the *special tax assessment* release.

Diana Lynn Spikes
Person Requesting Release (please print)

Diana Lynn Spikes
Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23

Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23

Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23

Board of Commissioners: Approve Disapprove Amount: \$ _____

Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: [Signature]

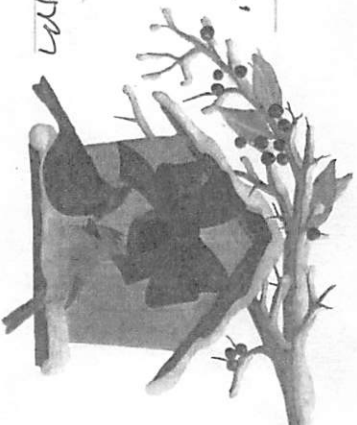
DATE: 8/8/2023

* Showing house + MH on property

To: Tax Assessment

I have spoken to
Waste Management
to inform them of the
error. I also am
sending this note
and a copy of
the form I have
filled out. Please
help with this and
remove the extra trash
can.
Thankyou,
Diana Spikes

8-2-23



To: Waste Mngs.

Please see
attached
document from
the county.

They told me to send to
you for correction.

Please send Birmingham Co.
Tax Assessment and
Refund the amount
provided.

Thank you
Diana Spikes
912-655-1156

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services Applications for Release from the *Special Tax Assessment*

Map and Parcel #: _____ and _____
Property Owner's Name: Mary Joy Mitchell 912-213-2594
Property Address Being Released: _____
214 Old Tusculum Rd
Mailing Address: 1325 Hwy 21N
Springfield, Ga 31329

Name of Contact Person: _____
Phone Number: See above Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Trailer Burned 3yr ago owner of trailer will not move it trash cans have been stolen.

Release and/or Refund Amount Recuested:
Year: 2023 Tax Bill #: _____ Amount Requested \$ 243.00
Year: 2022 Tax Bill #: _____ Amount Requested \$ 243.00
Year: 2021 Tax Bill #: _____ Amount Requested \$ 243.00

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Mary Joy Mitchell Person Requesting Release (please print) Mary Joy Mitchell Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 8/16/23
Tax Assessor: Approve Disapprove By: [Signature] Date: 8/21/23
Tax Commissioner: Approve Disapprove By: [Signature] Date: 9-5-23
Board of Commissioners: Approve Disapprove Amount: \$ _____
Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Jashuna Duggs DATE: 7/31/2023

RETURN COMPLETED FORM to the

Effingham County Sanitation Department
601 N. Laurel Street Springfield, Ga. 31329
Phone (912) 754-4668 (extension 0)

Terms and Conditions for Release of the Special Tax Assessment for
Solid Waste Management Services
Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 02680016 and _____
Property Owner's Name: The G + R Group LLC
Property Address Being Released: 1576 Mt Hope Rd Guyton GA

Mailing Address: Po Box 370 Guyton GA

Name of Contact Person: T. Marshall Reiser
Phone Number: 404 502 8114 Additional Number: _____

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of second trash can

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Not a primary residence / Never had a trash can

Release and/ or Refund Amount Requested:

Year: <u>2022</u>	Tax Bill #: <u>26468</u>	Amount Requested \$ <u>243</u>
Year: <u>2021</u>	Tax Bill #: <u>26468</u>	Amount Requested \$ <u>215</u>
Year: <u>2020</u>	Tax Bill #: <u>26013</u>	Amount Requested \$ <u>215</u>

An incomplete application(s) without relevant documentation, including the property tax bill for said property and proof of alternative solid waste collection service to this application will not be accepted for processing. The County has one year from the date the claim is filed to approve or deny the release.

I have read and understand all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law. I further agree to notify the Effingham County Sanitation Department and apply for solid waste service within 30 days should my property no longer qualify for the *special tax assessment* release.

T.M. Reiser
Person Requesting Release (please print)

T.M. Reiser
Signature of Person requesting Release

Fire & Rescue Director: Approve Disapprove By: [Signature] Date: 9/14/23
 Tax Assessor: Approve Disapprove By: [Signature] Date: 9/13/23
 Tax Commissioner: Approve Disapprove By: [Signature] Date: 9/13/23
 Board of Commissioners: Approve Disapprove Amount: \$ _____ Date: _____
 Commissioner Chairman Signature: _____ Date: _____

RECEIVED BY: Lasherra Shijoy DATE: 9/13/2023