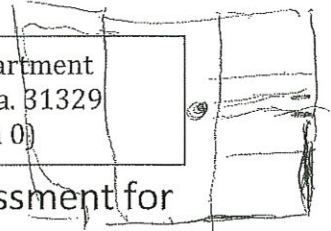


RETURN COMPLETED FORM to the

Effingham County Sanitation Department  
804 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

King Blvd

Map and Parcel #: \_\_\_\_\_ and \_\_\_\_\_  
Property Owner's Name: Esueidy Yessenia Chaires Guizar / Ramiro Ortega Maldonado  
Property Address Being Released: 519 Morgan Cemetery Rd Clyo GA 31303

Mailing Address: 1920 Church Rd Hardeeville SC 29927

Name of Contact Person: Esueidy Chaires Guizar  
Phone Number: 843 540 4499 Email Address: esueidy17@gmail.com

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of additional trash cart/set

Briefly describe the reason for requesting reimbursement for all or part of the special tax assessment. We are not able to live there the home is not good to live in

Release and/or Refund Amount Requested:

Year: 2022 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
 Year: 2023 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
 Year: 2024 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.**

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.

Esueidy Chaires Guizar  
Person Requesting Release (please print)

Signature of Person requesting Release

**SOLID WASTE COORDINATOR**

Fire & Rescue Director:  Approve  Disapprove By: \_\_\_\_\_ Date: 07/23/24  
 Tax Assessor:  Approve  Disapprove By: Neil Groves Date: 7/23/24  
 Tax Commissioner:  Approve  Disapprove By: Janae McDaniel Date: 7/29/24  
 Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
 Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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: Blondell Jones  
Property Address Being Released: 132 Tobago Circle  
Wayton GA, 31312  
Mailing Address: 132 Tobago Circle  
Wayton GA, 31312  
Name of Contact Person: Blondell Jones  
Phone Number: (912) 908-4441 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*. Never received cans

Release and/or Refund Amount Requested:

Year: 2022 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 243  
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.

Blondell Jones  
Person Requesting Release (please print)

[Signature]  
Signature of Person requesting Release

SOLID WASTE COORDINATOR

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 05/20/2024  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 7/26/24  
Tax Commissioner:  Approve  Disapprove By: [Signature] Date: \_\_\_\_\_

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

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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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: Chin Kwei Youngblood  
Property Address Being Released: 277 Horley Rd Guyton GA 31312

Mailing Address: Same as Above

Name of Contact Person: Chin Youngblood  
Phone Number: 912-704-4399 Email Address: \_\_\_\_\_

- Check One:
- Structure is in deteriorating condition and not fit for habitation
  - Structure is not a permanent residence
  - Removal of additional trash cart/set

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. Never had Extra Trash Cone

Release and/or Refund Amount Requested:  
Year: 2024 Tax Bill #: 14098 Amount Requested \$ 199.00  
Year: 2023 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Year: 2022 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.**

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.

Chin K. Youngblood Person Requesting Release (please print)  
Chin K. Youngblood Signature of Person requesting Release

**SOLID WASTE COORDINATOR**  
Fire & Rescue Director:  Approve  Disapprove By: \_\_\_\_\_ Date: 07/23/24  
Tax Assessor:  Approve  Disapprove By: \_\_\_\_\_ Date: 7/23/24  
Tax Commissioner:  Approve  Disapprove By: Dante McDaniel Date: \_\_\_\_\_  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN COMPLETED FORM to the Effingham County Sanitation Department  
804 S. Laurel Street Springfield, Ga. 31329  
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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 #: 04800 and 043  
Property Owner's Name: Felder Adam SR, E Mattie Lee  
Property Address Being Released: 1051 Reidsville Rd

Mailing Address: 1051 Reidsville Rd  
Clay GA 31303

Name of Contact Person: Marilyn E. McCar  
Phone Number: (912) 655-7384 Email Address: marilynmccarr@gmail.com  
Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of additional trash cart/set

Briefly describe the reason for requesting reimbursement for all or part of the special tax assessment: The elderly sanitation is only being use  
No need for the regular sanitation due to release

Release and/or Refund Amount Requested: no one living in trailer  
Year: 2024 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Year: 2023 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Year: 2022 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.

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.

Person Requesting Release: (please print) Marilyn E. McCar Signature of Person requesting Release: Marilyn E. McCar

~~Special Tax Assessment Coordinator~~  
~~Health & Rescue Director~~ Special Tax Assessment Coordinator  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 07/23/24  
Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 7/23/24  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_ Date: 7/29/24  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN COMPLETED FORM to the Effingham County Sanitation Department  
804 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 #: 04300 and 004  
Property Owner's Name: Marilyn McCarroll and Elder Glen A  
Property Address Being Released: 1051 Reidsville Rd

Mailing Address: 1051 Reidsville Rd  
CWP GA 31303  
410 GA 31303

Name of Contact Person: Marilyn F. McCarroll  
Phone Number: (912) 655-17384 Email Address: marilynmcarr@gmail.com  
Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of additional trash cart/set

Briefly describe the reason for requesting reimbursement for all or part of the special tax assessment: NO ONE LIVING IN HOUSE AT RESIDENT ON THAT SIDE OF THE ROAD

Release and/or Refund Amount Requested:  
Year: 2004 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Year: 2003 Tax Bill #: \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_  
Year: 2002 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.

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.

Person Requesting Release (please print) Marilyn F. McCarroll Signature of Person requesting Release [Signature]

SOLID WASTE COORDINATOR  
EPA-Resetter Director:  Approve  Disapprove By: [Signature] Date: 07/03/04  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 7/13/04  
Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 7/09/04  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_