RETURN COMPLETED FORM to the Effingham County Sanitation Department 804 S. Laurel Street Springfield, Ga. B1329 Phone (912) 754-4668 (extension 0) Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services King Blud Applications for Release from the Special Tax Assessment Map and Parcel #: Property Owner's Name: Fsize ida Yessenia Chaires Property Address Being Released: 599 Morgan Cementery Rd Clyo GA 31303 Mailing Address: 1926 Church Name of Contact Person: Email Address: esverdu 17 agmail. com Phone Number: 843 540 4499 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 the to live there the home is not good Release and/or Refund Amount Requested: Year: 3000 Tax Bill #: _____ Amount Requested \$_ Year: <u>AOD3</u> Tax Bill #: _____ Amount Requested \$ _____ Year: 909 4 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. FSupidy Chaires Guizar Person Requesting Release (please print) Signature of Person requesting Release

Person Requesting Release (please print)

Signature of Person requesting Release

Sold Warte Corrector: Approve Disapprove By:

Tax Assessor: Approve Disapprove By:

Tax Commissioner: Approve Disapprove By:

Board of Commissioners:

Approve Disapprove Disapprove By:

Approve Disapprove Disapprove

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

Wiap and Parcel #:and
Property Owner's Name: Blondell Wins
Property Address Being Released: 131, Tobaco Circlo
GIUGHIM (4) A1312
Mailing Address: 132 Toppo Circlo
Guutan 614, 31312
Name of Contact Person: Plondell (IMV)
Phone Number: (804) 909-444 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, Newer recieved cana
Release and/or Refund Amount Requested:
Year: 2020 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 longgr qualify for the special tax
assessment release.
Mandal dama
UNUTUAL OTES
Person Requesting Release (please print) Signature of Person requesting Release
SOUD WASTE COOPDINATED
Fire & Rescue Director: Approve Disapprove By: 4//// Date: 05/70/2020
Tax Assessor: Approve □ Disapprove By: Date: 7/26/24
Tax Commissioner: M Approve Disapprove By Kent T Date:
Board of Commissioners: Approve Disapprove Amount: \$
Commissioner Chairman Signature: Date:
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4
RECEIVED BY: DATE:
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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

Man and Parcel #· and
Map and Parcel #: and
Property Address Being Released: 277 Horley Rd Guyton GA 31312
, report) reactions and report of the second
Mailing Address: Same as Above
Name of Contact Person: Chin Youngblase
Phone Number: 912 - 704 - 43 9 9 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 Cong
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 Chin K. Youngblood Person Requesting Release (please print) Signature of Person requesting Release
Person Requesting Release (please print) Signature of Person requesting Release
SOLID UNITE (OORDINATOR Fire & Reserve Director: Approve Disapprove By: Date: 07/23/24
Tax Assessor: Approve Disapprove By:
Tax Commissioner: Approve Disapprove By: K. La Michael Date:
Board of Commissioners: ☐ Approve ☐ Disapprove Amount: \$
Commissioner Chairman Signature: Date:
RECEIVED BY: DATE:

Date: 07/23/24 Free Rescue Director: Approve Disapprove By: Date: 07/23/24 Date: 1/23/24 Date: 1/29/24 Date: 1	erson Requesting Release (please print) Signature of Person requesting Release	have read and understand all the provisions of this application and all my statements are true nd correct. I further understand that any untrue or incorrect statement constitutes a violation f law. I further agree to notify the Effingham County Sanitation Department and apply for solid raste service within 30 days should my property no longer qualify for the special tax ssessment release.	In incomplete application(s) without relevant documentation, including the property tax bill or said property and proof of alternative solid waste collection service to this application will ot be accepted for processing.	Samitation	Structure is in deteriorating condition and not fit for habitation Structure is not a permanent residence Removal of additional trash cart/set riefly describe the reason for requesting reimbursement for all or part of the special tax ssessment Thase eldering Son みみもい まっかは、トミック いちゃ	lame of Contact Person: かなりなった。 MCCCasi hone Number: (413) 1655-17-384 Email Address: Mass you mccasc@gmail, いの heck One:	1051 Reedsufill	er Adan
perty Owner's Name: perty Owner's Name: perty Address Being Re ling Address: / O 2 ne of Contact Person: ne Number: (412) ck One: Structure is in dete Structure is not a p Removal of additio fly describe the reason fly describe the reason essment. Tho eld for year: 2024 Tay year: 2027 Tay year: 2027 Tay year: 1 further unde be accepted for proces be accepted for proces w. I further unde w. I further agree to no te service within 30 da ssment release. On Requesting Release (R	whame: Leing Releing R	Map and Parcel #: 04300 and 043 Property Owner's Name: Folder Aldam TR, EMATE Recomposition of the special tax assessment The elder He result #: 2000 Amount Requested: 1000 Amount Requested \$ Year: 2000 Tax Bill #: Year: 2000 Tax Bil	Map and Parcel #: 04300 and 043 Property Owner's Name: Folder Adam TR, EMONTE Recently Owner's Name: Folder Recently Ost Recently Ost Recently Ost Recently Ost Recently Ost Tax Bill #: Amount Requested \$ Year: 2023 Tax Bill #: Amount Requested \$ Amount Requested \$ Year: 2023 Tax Bill #: Amount Requested \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name: Being Re Being Re Carron: Carron	#: 04% 's Name: s Being Re s Being Re t Person: (913)	s Name: Folder Adam TR, EMONS s Being Released: 1051 Reedsville PA 1051 Reedsville PA Club GA, 31303	er Adam JR, EMath	
Solid Waste Management Services Applications for Release from the Special Tax Assessment Map and Parcel #: 0 4 20 and 0 4 3 Property Owner's Name: Folder Aldem TR, EMANGE Property Owner's Name: Folder Property	Solication of the process of the pro	Solid Waste Management Services Applications for Release from the Special Tax Assessment Applications for Release from the Special Tax Assessment Map and Parcel #: 0420 and 043 Property Owner's Name: Folder Adder The Medical From Tax Assessment Property Address Being Released: 7051 Reeds # 1120 A Tax Bill #: Amount Requested: 8 Mailing Address: 1051 Reeds # 1120 A Tax Bill #: Amount Requested \$ Year: 2032 Tax Bill #: Amount Requested \$ Year: 2032 Tax Bill #: Amount Requested to this application will not be accepted for processing.	Solid Waste Management Services Applications for Release from the Special Tax Assessment Map and Parcel #: 04300 and 043 Property Owner's Name: Folder Allan JR , EMATER PROPERTY Address Being Released: 1051 Reedswille Plan Mailing Address: 1051 Reedswille Plan Marchard March Mar	Sol plication pl	Sol spplication sp	Solid Waste Management Services Applications for Release from the Special Tax Assessment Map and Parcel #: 0 + 300 and 0 + 3 Property Owner's Name: Folder Adam TC, EMOTHE Fee Property Address Being Released: 1051 Reeds 110 Change 31303 Mailing Address: 1051 Reeds 110 Change 31303	Solid Waste Management Services Applications for Release from the Special Tax Assessment Map and Parcel #: 04300 and 043 Property Owner's Name: Folder Adam JR, E Mother Reports Property Address Being Released: 1051 Reports Wille Reports Released: 1051 Reports Wille Reports Released: 1051 Reports Wille Reports Repor	Solid Waste Management Services Applications for Release from the Special Tax Assessment
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 #. 0430 and 043 Property Owner's Name: Frider Aldern 38, EMANGE Percenty Owner's Name: Frider Pe	Sollication of the process of the pr	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 #: 0430 and 043 Property Owner's Name: Folder Adam 370, EMATICE Perpretty Address Being Released: 1251 Receded 1120 EMATICE Perpretty Address Being Released: 1251 Receded 1120 EMATICE Perpretty Address: 10.51 Receded 1120 EMATICE PERPRETATION FOR THE PROPERTY Address: 10.51 Receded 1120 EMATICE PERPRETATION FOR THE PROPERTY Address: 10.51 Receded 1120 EMATICE PERPRETATION FOR THE PROPERTY ADDRESS FOR THE PROPERTY ADDRE	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 #: 0430 and 043 Property Owner's Name: Folder Adam 3R: EMATE Received Property Address Being Released: 1051 Received Wille Plant Requested: 1051 Received Plant Rec	Sol	Condition Sol Sol spplication (pplication) #: 04% *s Name: *s Being Reference services and the specific services are services and the specific services are services and the specific services are services	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 #: 0 + 300 and 0 + 3 Property Owner's Name: Folder Adam TR, E Mothe Re Property Address Being Released: 1051 Reeds 112333 Mailing Address: 1051 Reeds 12333 Mailing Address: 1051 Reeds 12333	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 043 Property Owner's Name: Folder Adam JR, EMONTE Folder Address Being Released: 1051 Republishing Property Address Being Released Property Property Address Being Released Property Propert	Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services Applications for Release from the Special Tax Assessment

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TOUR LANGTE COORDINATES. Date: 07/23/24 Tax Resease Disprove Disapprove By: Tax Assessor: P Approve Disapprove By: Date: 1/23/24 Date: 1/23/24 Date: 1/23/24 Date: 1/23/24 Date: 1/23/24 Date: 1/24/24 Dat	Marily N. F. M. S. Carr Marily H. H. Carr Signature of Person requesting 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.	Year: 2034 Tax Bill #: Amount Requested \$	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. MO DNE LIVER OF TO DOUGLE OF TOO OF TO	Em	Map and Parcel #: DY 200 and 604 Property Owner's Name: MarilyN MCCarr F. and Folder Clev A Property Address Being Released: 6051 Reeds ville RA Club GR, 31303	Terms and Conditions for Release of the Special Tax Assessment for Solid Waste Management Services Applications for Release from the Special Tax Assessment	RETURN COMPLETED FORM to the Effingham County Sanitation Department 804 S. Laurel Street Springfield, Ga. 31329 Phone (912) 754-4668 (extension 0)
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