

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 #: 466A and 157  
Property Owner's Name: Nicholas Giella  
Property Address Being Released: 106 Lauren Dr.  
Rincon, GA 31326

Mailing Address: 106 Lauren Dr.  
Rincon, GA 31326

Name of Contact Person: NICHOLAS GIELLA  
Phone Number: 206 605 1748 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*. Never had a second trash can. Moved in January 2016

Release and/or Refund Amount Requested:

Year: <u>2020</u>	Tax Bill #: _____	Amount Requested \$ <u>100.00</u>
Year: <u>2021</u>	Tax Bill #: _____	Amount Requested \$ <u>115.00</u>
Year: <u>2022</u>	Tax Bill #: _____	Amount Requested \$ <u>127.00</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.

Nicholas Giella  
Person Requesting Release (please print)

Nick Giella  
Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 01/13/2023

Tax Assessor:  Approve  Disapprove By: [Signature] Date: 1/23/23

Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 1/24/23

Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_

Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: [Signature] DATE: 12/01/2022

REC  
11/22  
(10)

# 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 #: 0450D and 014-000  
Property Owner's Name: LARRY NORTON / LINDA MINER  
Property Address Being Released: 122 OAK ST RINCON GA 31326  
Mailing Address: Same

Name of Contact Person: LINDA MINER  
Phone Number: 912-826-3779 Additional Number: 912-547-3613

Check One:

- Structure is in deteriorating condition and not fit for habitation
- Structure is not a permanent residence
- Removal of ~~second~~ trash can (2) Act

Briefly describe the reason for requesting reimbursement for all or part of the special tax assessment. Set of cans removed in 2020

Release and/or Refund Amount Requested:  
Year: 2021 Tax Bill #: 2021-19755 Amount Requested \$ 215.00  
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.

LINDA MINER  
Person Requesting Release (please print)  
Linda Miner  
Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 01/13/2023  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 1/23/23  
Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 1/23/23  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: [Signature] DATE: 11/22/2022

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 9114 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: 2022 Tax Bill #: 8592 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.

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

T.M. Reiser  
Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 01/13/2023  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 1/23/23  
Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 1/23/23  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: [Signature] DATE: 12/12/2022

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: Linda Edwards McLaw  
Property Address Being Released: 435 McLaw Rd

Mailing Address: P.O. Box 274 Gwynon Ga 31312

Name of Contact Person: Mike Edwards  
Phone Number: 912 577 4650 Additional Number: 912 772 3351

- 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*. house burnt in May

Release and/or Refund Amount Requested:  
Year: 22 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 243.00  
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.

Mike Edward Person Requesting Release (please print)  
Mike Edward Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: Pat VHS Date: 01/13/2023  
Tax Assessor:  Approve  Disapprove By: Neal Green Date: 1/23/23  
Tax Commissioner:  Approve  Disapprove By: Linda McDaniel Date: 1/23/23  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: Lashem Ship DATE: 12/20/2022

Terms and Conditions for Release of the  
Special Tax Assessment for Fire Services  
Applications for Release from the *Special Tax Assessment*

Map and Parcel #: 296A-106 and \_\_\_\_\_  
Property Owner's Name: Linda Edwards  
Property Address Being Released: 435 McLane

Mailing Address: P.O. Box 2276 Guyton Ga 31312

Name of Contact Person: Mike Edwards  
Phone Number: 912-547 4650 Additional Number: 912-772-3351

- Check One:  
 No structure on property or structure was removed from property  
 One structure on property

Briefly describe the reason for requesting reimbursement for all or part of the *special tax assessment*. house burnt in May

Release and/or Refund Amount Requested:  
Year: 22 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 120.00  
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 fire 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 Department of Fire and Rescue and apply for fire service **within 30 days** should my property no longer qualify for the *special tax assessment* release.

Mike Edwards Mike Edwards \_\_\_\_\_  
Person Requesting Release (please print) Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 01/13/2023  
Tax Assessor:  Approve  Disapprove By: [Signature] Date: 1/23/23  
Tax Commissioner:  Approve  Disapprove By: Linda McLane Date: 1/23/23  
Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: [Signature] DATE: 12/20/2022

**Official Tax Receipt**  
**Linda McDaniel**  
**Effingham County Tax Commissioner**  
 901 N Pine St, Suite 104  
 Springfield, GA 31329

Trans # Year Bill #	Property Description	Original Due	Interest & Penalty	Prev Paid	Amount Due	AMOUNT PAID	TOTAL BALANCE
EDWARDS MALCUM C AND LINDA B							
P O BOX 276							
GUYTON, GA 31312							
14984 2022-9927	0296A126/01 .67 AC	1,021.36	0.00	0.00	1,021.36	1021.36	0.00
Register: 8   CHECK #1707		Paid by: KENNETH EDWARDS			Tuesday, December 20, 2022 12:34:29 PM		

PAID  
Effingham County

DEC 20 PAID

Linda McDaniel  
Tax Commissioner

RECEIVED  
 DEC 20 2022  
 EFFINGHAM COUNTY  
 BOARD OF COMMISSIONERS



**2022 PROPERTY TAX STATEMENT**  
**EFFINGHAM COUNTY**  
**GEORGIA**

Linda McDaniel  
 Tax Commissioner

P.O. Box 787

Springfield, GA 31329-0787  
 www.effinghamtax.com

PROPERTY OWNER(S)	MAP ID #	LOCATION	BILL #	DISTRICT		
EDWARDS MALCUM C AND LINDA B PO BOX 276 GUYTON GA 31312-0276	0296A126	435 MCLAW RD	2022-9927	01		
	BUILDING VALUE	LAND VALUE	TOTAL FAIR MARKET VALUE	ACRES	EXEMPTIONS	DUE DATE
	\$42,343	\$14,740	\$57,083	0.67		12/20/2022
PROPERTY DESCRIPTION						
.67 AC						



FAIR MARKET VALUE	40% ASSESSED VALUE	LESS EXEMPTIONS	TAXABLE VALUE	MILLAGE RATE	GROSS TAX	LESS CREDITS	NET TAX
57,083	22,833	0	22,833	0.000000	0.00	0.00	11.52
57,083	22,833	0	22,833	0.000000	0.00	0.00	243.00
57,083	22,833	0	22,833	0.000000	0.00	0.00	120.00
57,083	22,833	0	22,833	0.015810	360.99	0.00	360.99
57,083	22,833	0	22,833	0.000650	14.84	0.00	14.84
57,083	22,833	0	22,833	0.000100	2.28	0.00	2.28
57,083	22,833	0	22,833	0.001250	28.54	0.00	28.54
57,083	22,833	0	22,833	0.002000	45.67	0.00	45.67
57,083	22,833	0	22,833	0.006939	235.27	76.83	158.44
57,083	22,833	0	22,833	0.001580	36.08	0.00	36.08
<b>TOTAL</b>				<b>0.028329</b>	<b>723.67</b>	<b>76.83</b>	<b>1,021.36</b>

2022 Current Tax	
Penalty	\$0.00
Interest	\$0.00
Other Fees	\$0.00
Previous Payments	\$0.00
Delinquent Tax*	\$0.00
<b>TOTAL DUE</b>	<b>\$1,021.36</b>

Effingham County provides flood information and insurance requirements upon request at no cost. To find out what flood zone your property is in, predicted flood depth for your area, historical flooding, if your property is affected by natural floodplains or wetlands, for advice on how to protect your property from flood damage, or to schedule a site visit to discuss flooding or drainage concerns, contact our office at 912-754-8063, or visit us at 804 S. Laurel Street, in Springfield.



DETACH TOP PORTION TO KEEP FOR YOUR RECORDS AND RETURN BOTTOM PORTION WITH PAYMENT.

RETURN COMPLETED FORM to the

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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 #: 03940026 and \_\_\_\_\_  
Property Owner's Name: DENYSE A. SWANEY  
Property Address Being Released: 181 Homepen Rd Guyton Ga 31312

Mailing Address: 181 Homepen Rd Guyton, GA 31312

Name of Contact Person: Denyse Swaney  
Phone Number: 912-631-9131 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. Removal of 3<sup>rd</sup> set of Trash Can From tax Bill 2022-18950  
Been Be Charged For 2 Full Sets but only had 1 Full Set and one extra Cart.

Release and/or Refund Amount Requested:

1 Reg, 1 Excart Year: 2022 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 335  
 1 Reg, 1 Excart Year: 2021 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 92  
 1 Reg, 1 Excart Year: 2020 Tax Bill #: \_\_\_\_\_ Amount Requested \$ 92

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Denyse A. Swaney  
Person Requesting Release (please print)

[Signature]  
Signature of Person requesting Release

Fire & Rescue Director:  Approve  Disapprove By: [Signature] Date: 01/13/2023  
 Tax Assessor:  Approve  Disapprove By: [Signature] Date: 1/23/23  
 Tax Commissioner:  Approve  Disapprove By: [Signature] Date: 1/23/23  
 Board of Commissioners:  Approve  Disapprove Amount: \$ \_\_\_\_\_  
 Commissioner Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY: [Signature] DATE: 12/20/22