

## **APPLICATION FOR SOLID WASTE RECYCLING FEE EXEMPTION**

City of Atlanta – Department of Public Works 55 Trinity Ave., SW Suite 4100 Atlanta, GA 30303 (404) 330-6240

FILING DEADLINE: APRIL 1, 2025

| OWNER'S NAME (S)                                                                                  |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------|
| PROPERTY ADDRESS                                                                                  |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| PARCEL ID                                                                                         | ENTIFICATION                                                                  | ON NO                                                        |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| OWNER'S                                                                                           | MAILING A                                                                     | DDRESS                                                       |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| CITY                                                                                              |                                                                               |                                                              |                                                                 |                                                                           | STATE                                                                                      |                                                                                     | ZIP                                               |                                                                                               |
| EMAIL:                                                                                            |                                                                               |                                                              |                                                                 |                                                                           | PHONE:                                                                                     |                                                                                     |                                                   |                                                                                               |
| MARITAL                                                                                           | STATUS                                                                        | MARRIE                                                       | D 🗌                                                             |                                                                           | SINGLE                                                                                     |                                                                                     |                                                   |                                                                                               |
| SECONDARY TELEPHONE N                                                                             |                                                                               |                                                              |                                                                 |                                                                           | LEGAL STATE OF RESIDENCE                                                                   |                                                                                     |                                                   |                                                                                               |
| ARE YOU E                                                                                         | Yes                                                                           | No                                                           |                                                                 | TOTAL AN                                                                  | NUAL INCOM                                                                                 |                                                                                     |                                                   |                                                                                               |
| SOURCES OF INCOME                                                                                 |                                                                               |                                                              |                                                                 |                                                                           | Acceptabl                                                                                  | e documents:                                                                        |                                                   |                                                                                               |
| (Attach)                                                                                          |                                                                               |                                                              | 1099, W-2, Federal Assistance, Dept. of Labor Annual Statements |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| OWNER'S                                                                                           | DATE OF BI                                                                    | RTH                                                          |                                                                 |                                                                           | SPOUSE'S                                                                                   | DATE OF BIRT                                                                        | ТН                                                |                                                                                               |
| OATH OF TAXPAYER                                                                                  |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| In accordance with the provisions of the state constitution and laws of this state authorizing    |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| homestead exemption, I hereby make application for Solid Waste Recycling Fee exemption on the     |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| above property. I, the undersigned, do solemnly swear that the statements made in support of this |                                                                               |                                                              |                                                                 |                                                                           |                                                                                            |                                                                                     |                                                   |                                                                                               |
| -                                                                                                 |                                                                               |                                                              | _                                                               | -                                                                         |                                                                                            |                                                                                     |                                                   | • •                                                                                           |
| application                                                                                       | n are true a                                                                  | nd correc                                                    | t, that                                                         | I am the bo                                                               | na fide own                                                                                | er of the prop                                                                      | erty d                                            | escribed in this                                                                              |
| application                                                                                       | n are true a<br>n; that I tru                                                 | nd correc<br>y occupie                                       | ct, that<br>ed sam                                              | I am the bo<br>e on Januar                                                | na fide own<br>y 1 of this ye                                                              | er of the prop<br>ear as a legal r                                                  | erty do<br>esiden                                 | escribed in this<br>at of Fulton County,                                                      |
| application application Dekalb Co                                                                 | n are true a<br>n; that I tru<br>unty, or the                                 | nd correct<br>y occupion<br>City of A                        | ct, that<br>ed sam<br>atlanta,                                  | I am the bo<br>e on Januar<br>and the rea                                 | na fide own<br>y 1 of this ye<br>al property a                                             | er of the prop<br>ear as a legal r<br>bove was ow                                   | erty de<br>esiden<br>ned an                       | escribed in this<br>at of Fulton County,<br>ad occupied by me                                 |
| application<br>application<br>Dekalb Co<br>as a perma                                             | n are true a<br>n; that I tru<br>unty, or the<br>anent reside                 | nd correct<br>y occupion<br>City of A<br>ence and            | ct, that<br>ed sam<br>stlanta,<br>homes                         | I am the boe on Januar and the rea tead. I furt                           | na fide own<br>y 1 of this ye<br>al property a<br>her swear th                             | er of the prop<br>ear as a legal r<br>bove was ow<br>at this is not a               | erty do<br>esiden<br>ned an<br>a false            | escribed in this<br>at of Fulton County,<br>ad occupied by me<br>or fraudulent claim          |
| application<br>application<br>Dekalb Co<br>as a perma<br>contrary to                              | n are true a<br>n; that I tru<br>unty, or the<br>anent reside<br>o the laws p | nd correct<br>y occupie<br>City of A<br>ence and<br>roviding | ct, that<br>ed sam<br>stlanta,<br>homes                         | I am the boe on Januar and the rea tead. I furt                           | na fide own<br>y 1 of this ye<br>al property a<br>her swear th                             | er of the propear as a legal r<br>bove was own<br>at this is not a<br>spouse claims | erty do<br>esiden<br>ned an<br>a false            | escribed in this<br>at of Fulton County,<br>ad occupied by me                                 |
| application<br>application<br>Dekalb Co<br>as a perma<br>contrary to                              | n are true a<br>n; that I tru<br>unty, or the<br>anent reside                 | nd correct<br>y occupie<br>City of A<br>ence and<br>roviding | ct, that<br>ed sam<br>stlanta,<br>homes                         | I am the boe on Januar and the rea tead. I furt                           | na fide own<br>y 1 of this ye<br>al property a<br>her swear th                             | er of the prop<br>ear as a legal r<br>bove was ow<br>at this is not a               | erty do<br>esiden<br>ned an<br>a false            | escribed in this<br>at of Fulton County,<br>ad occupied by me<br>or fraudulent claim          |
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| application<br>application<br>Dekalb Co<br>as a perma<br>contrary to                              | n are true a<br>n; that I tru<br>unty, or the<br>anent reside<br>o the laws p | nd correctly occupied City of A cence and roviding JRE:      | et, that<br>ed sam<br>atlanta,<br>homes<br>for san              | I am the bo<br>e on Januar<br>and the rea<br>tead. I furt<br>ne and neitl | na fide own<br>y 1 of this ye<br>al property a<br>her swear th<br>ner I nor my<br>Use Only | er of the propear as a legal r<br>bove was own<br>at this is not a<br>spouse claims | erty de<br>esiden<br>ned an<br>a false<br>a any o | escribed in this<br>at of Fulton County,<br>ad occupied by me<br>or fraudulent claim          |
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