



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 IDENTIFICATION NO									
OWNER'S MAILING ADDRESS									
CITY		STATE		ZIP					
EMAIL:		PHONE:							
MARITAL STATUS	MARRIED <input type="checkbox"/>		SINGLE <input type="checkbox"/>						
SECONDARY TELEPHONE NO.			LEGAL STATE OF RESIDENCE						
ARE YOU EMPLOYED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	TOTAL ANNUAL INCOME						
SOURCES OF INCOME (Attach)	<i>Acceptable documents: 1099, W-2, Federal Assistance, Dept. of Labor Annual Statements</i>								
OWNER'S DATE OF BIRTH			SPOUSE'S DATE OF BIRTH						
OATH OF TAXPAYER									
<p>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 are true and correct, that I am the bona fide owner of the property described in this application; that I truly occupied same on January 1 of this year as a legal resident of Fulton County, DeKalb County, or the City of Atlanta, and the real property above was owned and occupied by me as a permanent residence and homestead. I further swear that this is not a false or fraudulent claim contrary to the laws providing for same and neither I nor my spouse claims any other homestead.</p>									
APPLICANT'S SIGNATURE:						DATE:			
Office Use Only									
		Homestead Code ATL		Homestead Code FUL		Homestead Code DKB			
STAFF NAME						DATE			