



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, 2024

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			