CANDLER COUNTY BOARD OF ASSESSORS

25 W. DANIEL ST. STE. B METTER, GEORGIA 30439 912-685-6346 • Fax: 912-685-3818

Letrell Thomas, Chairman

Elizabeth H. Childs, Assessor

Cassius M. Osborn, Assessor

Application for Abatement of Landfill, EMS, and Polycart Fees

(The abatement filing period shall be from January 1st to June 30th of each year)

| | | | Date: |
|---|---|----------------------------------|----------------------------|
| The landfill, E paid for the fo | MS, and polycart fees (User Following reasons(s): | ees) attached to my property for | the tax year should not be |
| | No potable water source | | |
| | No operating septic/sewer system | | |
| | No electricity available | | |
| | Building not livable | | |
| | Unoccupied | | |
| Name of property owner: | | | |
| Address of property being abated: | | | |
| Is a polycart currently there? Yes No | | | |
| Parcel # | Acco | ount# and/or Key # | |
| Type of struct | ure: | Real MH Prebill MH | □ Other |
| I, the undersigned, do solemnly swear or affirm that the statements made in support of this application are true and correct, and that I am the <i>bona fide owner of this property</i> . I agree to notify the Board of Assessors in writing if the above condition(s) changes. I understand that failure to notify the Board of Assessors in writing prior to using this property as a residence will nullify this abatement, and all user fees for all years abated will be due and payable with penalty and interest. | | | |
| 1000 | Applicant (print) | | Assessors Representative |
| | | | |
| Ap | oplicant's Signature | | Date Verified |
| | | | |
| | RED BYON | | |
| □ FAILU | RE TO RENEW ENTERED BY | ON | |