

Liberty County Solid Waste Authority

APPLICATION FOR EXEMPTION FROM ANNUAL SOLID WASTE ASSESSMENT
MUST BE **65 YEARS OLD OR OLDER** WITH AN ANNUAL INCOME OF **NO MORE**
THAN \$25,000.00.

*Please use information **as it appears** from your past year's annual ad valorem (tax or mobile home) bill when completing this application so the proper exemption credit can be applied to your bill.*

Applicants Name:

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Map & Parcel Number: _____

Tax District: _____ Account Number: _____

Do you own this property? Yes or No: _____

Total Number of persons residing at this address: _____

List each person(s) name, age, and relationship who resides at this address:

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Annual Income from Social Security, Retirement and Disability: \$ _____

Annual Net Income (from all sources): \$ _____

Total Gross Annual Income (from all sources): \$ _____

Applicants Signature: _____ Date: _____

Return the completed form with supporting documentation of all income and proof of age to:

Liberty County Assessors Office
100 Main St. Suite 1550
Hinesville, GA 31313