



# Lincoln County Application Solid Waste Collection Service

Name of property owner: \_\_\_\_\_

Map and Parcel # \_\_\_\_\_ - \_\_\_\_\_ Telephone number: \_\_\_\_\_

Physical Address of property to be serviced: \_\_\_\_\_

Subdivision Name and Lot #: \_\_\_\_\_

Person who owned property January 1, 2018: \_\_\_\_\_

**Terms:** Owners of real property on which a dwelling unit or business is erected after the beginning of a given budget year shall be subject to a pro-rated *Solid Waste Management Fee* that equals the pro-rated amount of the annual *fee* calculated from the beginning of the month in which service is requested plus an eight point two (8.2) percent annual administrative charge.

Requests County contracted solid waste collection service beginning on: \_\_\_\_\_

Number of months between start-up of January 1 <sup>st</sup> , 2018	_____
Multiply by fee of \$12.87 per month (12 X \$154.44 \$/yearly)	x <u>12.87</u>
Sub-total Solid Waste Management Fee	= _____
Administrative charge (\$5.00 X 12 months)	+ \$ <u>60.00</u>
<b>Total Solid Waste Management Fee through December 2018</b>	= \$ <u>_____</u>

**\*Please return completed form and a check made payable to:** Office of Solid Waste Management located at 107 Perryman Ave. or mail to the Lincoln County Department of Planning & Zoning, Office of Solid Waste Management P.O. Box 340 Lincolnton, Ga. 30817

\_\_\_\_\_  
Signature of Property Owner requesting services

**\*TO BE FILLED OUT BY LINCOLN COUNTY SOLID WASTE MANAGEMENT**

Name of County Employee: _____
Title of Employee: _____ Date: _____
Paid by: <input type="checkbox"/> Cash <b>OR</b> <input type="checkbox"/> Check – Check Number _____
Faxed to Advanced Disposal by: _____ Date: _____

Tax Commissioner: Date Entered: \_\_\_\_\_ by: \_\_\_\_\_  
Form: SW5-1