



Return Completed Form to the Lincoln County Department of Planning & Zoning,
 Office of Solid Waste Management
 107 Perryman Avenue
 P.O. Box 340 Lincolnton, GA 30817
 (706) 359-4414 or Fax (706) 359-5831
Application for Release Due to Error

Map / Parcel # _____ / _____ Property Owner's Name: _____

Property Address: _____

Mailing Address: Phone (home): _____

Phone (home): _____ (work/pager) _____

Check One:

- No Residence located on parcel.
- Other: _____

I have read and understood all the provisions of this application and all my statements are true and correct. I further understand that any untrue or incorrect statement constitutes a violation of law under Section 58-163 of the Lincoln County Department of Planning and Zoning, Office of Solid Waste Management. I further agree to notify the Lincoln County Office of Solid Waste Management and apply for solid waste service within 30 days should my property no longer qualify for release of the Solid Waste Fee. **Exemption form must be filed on a yearly basis.** _____ (Initials)

Date: _____ Property Owner's Signature: _____

DO NOT WRITE BELOW THIS LINE- LINCOLN COUNTY USE ONLY

Code Enforcement Recommendation: Approval Disapproval
 Code Enforcement Officer/Designee: _____ Date: _____

Panning and Zoning Recommendation: Approval Disapproval
 Planning & Zoning Director _____
 Date: _____

Type of Refund: Full Partial: _____ Amount
 Commission Chairman: _____
 Date: _____
 Tax Commissioner (date entered): _____ by _____

Form: SW5-3