



Return Completed Form to the Lincoln County Department of Planning & Zoning,  
 Office of Solid Waste Management  
 182 Humphrey Street  
 P.O. Box 340 Lincolnton, GA 30817  
 (706) 359-4414

**Application for Release Due to Error**

Map and Parcel # \_\_\_\_\_ - \_\_\_\_\_ Property Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 & 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.

Date: \_\_\_\_\_ Property Owner's Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE- LINCOLN COUNTY USE ONLY**

Code Enforcement Recommendation:  Approval  Disapproval

Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Planning and Zoning Recommendation:  Approval  Disapproval

Planning & Zoning Director \_\_\_\_\_ Date: \_\_\_\_\_

Type of Refund: Full Partial: \_\_\_\_\_ Amount

Commission Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Tax Commissioner (date entered): \_\_\_\_\_ by \_\_\_\_\_