



Lincoln County Application for Solid Waste Collection Service

(please fill out completely)

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, 2008: _____

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 and January 1 st , 2009		_____
Multiply by fee of \$12.91 per month (2008 fee of \$154.92/12mth)	x	12.91
Sub-total Solid Waste Management Fee	=	_____
Administrative charge (\$1.00 per month)	+ \$	12.00
Total Solid Waste Management Fee through December 2009	= \$	_____

***Please return completed form and a check made payable to:** Office of Solid Waste Management 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: Cash **OR** Check – Check Number _____

Faxed to Advanced Disposal by: _____ Date: _____

Tax Commissioner: Date Entered: _____ **by:** _____