



CITY OF ANNISTON GARBAGE FEE EXEMPTION APPLICATION

Valid for 1 Year Only & will need to be renewed every January

| | GRANT EXEMPTION | | REJECT EXEMPTION

Date: _____
(DO NOT WRITE ABOVE THIS LINE)

I hereby apply for an exemption from the payment of the garbage fee levied under City of Anniston Ordinance 90-0-2. I understand that if granted that my exemption is **ONLY GOOD FOR ONE YEAR** and that I am responsible to renew it by mail every January. If my financial situation changes, I must notify the office in writing as soon as possible.

Name: _____ Phone: _____ E-Mail _____

Address : _____

I AM THE HOMEOWNER / TENANT OF THIS PROPERTY (CIRCLE ONE)

I acknowledge that I have reported all income received by my household and that I reside at the residence. Any misrepresentation made by me on this application is punishable by the City of Anniston Ordinance 90-0-2 as a misdemeanor and could be subject to a court appearance and fines.

SIGNATURE _____ DATE _____

LIST ALL OCCUPANTS OF HOUSEHOLD BELOW AND ON BACKSIDE OF FORM WITH INCOME AND SOCIAL SECURITY NUMBERS.....COPIES OF ALL INCOME VERIFICATION DOCUMENTS MUST BE SUBMITTED WITH PAPERWORK AND WILL NOT BE RETURNED TO YOU.

REPORT OF INCOME:

NAME: _____ SOC. SEC. # _____

SOC. SEC. _____ SSI _____

VA _____ RETIREMENT OR PENSION _____

CHILD SUPPORT _____ ADC / FDC _____

RENTAL PROPERTY INCOME _____ INTEREST/DIV/CAPGAIN _____

FOOD STAMPS _____ JOB INCOME _____

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