

2024 CITY OF BRUNSWICK SOLID WASTE ASSESSMENT EXCEPTION/EXEMPTION FORM

MUST BE RECEIVED BY AUGUST 1, 2024

| | Number in Household | Phone Number |
|--|---|---|
| | | |
| Property Address/Parce | el # (if known) | • |
| I REQUEST AN EXCEPTION/EXEMPTION FOR T | HE YEAR 2024 BASED ON THE FOLLOWING: (CHECI | K ONE) |
| 1 ' ' | the 2024 federal poverty guidelines* and I wish to Proof of income must be provided-see below). | o be billed monthly |
| or disabled (as defined below) as o guidelines*. I request an exemptio disability must be provided. I furth | pied as of January 1, 2024 and that I am at least 62 f January 1, 2024, <u>and</u> that my income falls below on from any annual or monthly payment of the solner certify that I will contact the Finance Departm or if ownership of the property changes. (Proof of | the 2024 federal poverty id waste fee. <u>Proof of age or</u> ent immediately |
| | | |
| Signature of Applicant | Date | |
| | Date Age/Disability (if necessary) and Incom | ne to: |
| | | ne to: |
| Return completed form & Proof of | | ne to: |
| Return completed form & Proof of A | Age/Disability (if necessary) and Incom | ne to: |
| Return completed form & Proof of A City of Brunswick Attn: Tax Department | Age/Disability (if necessary) and Incom Or bring to: | ne to: |
| Return completed form & Proof of A City of Brunswick Attn: Tax Department P. O. Box 550 | Age/Disability (if necessary) and Incom Or bring to: 601 Gloucester Street | ne to: |
| Return completed form & Proof of A City of Brunswick Attn: Tax Department P. O. Box 550 Brunswick, GA 31521-0550 Email: tax@cityofbrunswick-ga.gov | Age/Disability (if necessary) and Income Or bring to: 601 Gloucester Street Brunswick, GA 31520 | ne to: |
| Return completed form & Proof of A City of Brunswick Attn: Tax Department P. O. Box 550 Brunswick, GA 31521-0550 Email: tax@cityofbrunswick-ga.gov | Age/Disability (if necessary) and Income Or bring to: 601 Gloucester Street Brunswick, GA 31520 Phone: (912)267-5519 | ne to: |
| Return completed form & Proof of A City of Brunswick Attn: Tax Department P. O. Box 550 Brunswick, GA 31521-0550 Email: tax@cityofbrunswick-ga.gov | Age/Disability (if necessary) and Income Or bring to: 601 Gloucester Street Brunswick, GA 31520 Phone: (912)267-5519 JNSWICK USE ONLY | ne to: |

| *2024 Federal Poverty Guidelines | | |
|-------------------------------------|--------|--|
| Persons in Household | Income | |
| 1 | 15,060 | |
| 2 | 20,440 | |
| 3 | 25,820 | |
| 4 | 31,200 | |
| 5 | 36,580 | |
| 6 | 41,960 | |
| 7 | 47,340 | |
| 8 | 52,720 | |

Disability Exceptions--Any.......unoccupied dwelling unit owned in whole or in part by an individual who, as of January 1 of the service year, has been found, adjudicated, or declared totally (100%) disabled and unable to work by either the U.S. Social Security Administration or U.S. Department of Veterans Affairs and whose income falls below the federal poverty guidelines, may be excepted from an annual solid waste fee.......

Proof of Income consists of a copy of your 2023 Individual Income tax return or, if no return is filed, copies of all retirement income, including a copy of your statement from the Social Security Administration.