

CRAVEN COUNTY TAX DEPARTMENT

RELEASE OR REFUND REQUEST FOR RECYCLE FEES BILLED YEAR OF _____.

Billed on: Real () Personal ()

FROM BILL: Twp/Map/Lot# _____ - _____ - _____ ACCOUNT # _____ TICKET # _____

Property Owner(s) _____

PURSUANT TO THE CRAVEN COUNTY RECYCLING ORDINANCE ENACTED BY THE CRAVEN COUNTY BOARD OF COMMISSIONERS IN JUNE 1992, I REQUEST:

() RELEASE of the recycling fee(s) billed of \$_____.

() REFUND of the recycling fee(s) paid on _____ (date) on # _____ Residential unit(s) described in the Craven County Tax Department Parcel Records for the above Map/Lot Number.

CHECK UNIT TYPE: () MOBILE HOME () HOUSE () APARTMENT/CONDO () BOAT () COMMERCIAL UNIT

(If mobile home, give year, make model and size. If house, give number of stories, rooms and baths. If apartment or condo give project name.

Description: _____

Subject Property Street Address: _____

Contact _____ at Phone # _____ if additional information is needed.

THIS RESIDENTIAL UNIT DOES NOT QUALIFY FOR RECYCLE BILLING FOR THE YEAR INDICATED TO:

() Dwelling unit did not exist as of July 1, _____ (complete year).

() Under construction, Dwelling was only _____%, complete as of July 1 and was not able to be occupied.

() Dwelling was razed and removed from the site on _____(date). If dwelling was used for fire department training (burned) please provide/attach documentation from the fire department.

() Dwelling unit exists but due to the condition is not economically feasible to repair and was last occupied on _____ (date). The dwelling is currently being used for _____.

() Dwelling unit exists but has been continuously vacant and /or unoccupied since _____(date).

() Dwelling unit exist but is a second home occupied only by the owner. It is not and has not been rented on any basis for any period of time in the past year. The owner has a primary residence within CRAVEN COUNTY identified as:

Tax Parcel – Twp/Map/Lot# _____ - _____ - _____ Account# _____.

() Reason other than above: _____.

I HEREBY ENTER THIS SWORN STATEMENT BEFORE THIS WITNESS,

SWORN THIS DATE OF: _____ (date)

_____ (SEAL)

Witness: _____ (SEAL)

Check if witness is a Tax Department Employee – ()