

Date Received: _____ Received by: _____



2010 Fire/Ambulance Fee Exemption Request Form Lamar County, Georgia

Name and parcel number as shown on card _____

(A separate form must be completed for each property identified with a separate parcel number)

Appeals must be filed no later than **March 1, 2011** in order to be considered for full waiver of fees. Appeals received later than this date may receive a partial waiver of fees. Appeals will be handled on a first come first served basis. If there is a ruling in favor of the applicant a refund will be issued within 30 days. **Bold** entries are required fields.

Name of Owner _____

(please print)

Signature _____

Address of Property _____

City _____ **Zip** _____

Mailing Address (if different) _____

City _____ **State** _____ **Zip** _____

Telephone # _____

Email address _____

Qualifying Reason for Exemption

_____ 100% Disabled vet receiving homestead exemption (Homestead Exemption = S5)

_____ Church or school (Class Code = E) exempt for 2010

_____ Property is split by the county line but the property owner's residence is on the portion of the property that lies in an adjoining county and the portion in Lamar County is vacant land with no structures on it. (Attach parcel map)

_____ Vacant lot of 1 acre or less adjoining another parcel (attach parcel map and identify parcels to be joined)

_____ Any requests for exemptions other than the above (attach a letter to the commissioners and justify your case relative to the fees, the probability of using the services, and equitable distribution across the population.

Reviewed by: _____

Exemption request was appropriately reviewed and was _____ Approved _____ Denied

If denied the reason was as follows: _____

If approved the amount of \$ _____ will be mailed to the above address by Lamar County

Property Owner notified of decision by: _____ Phone _____ email _____ US mail _____ in person