

CRAVEN COUNTY TAX DEPARTMENT{PRIVATE }

RELEASE OR REFUND REQUEST FOR RECYCLE FEES BILLED YEAR OF _____
Billed on: Real () Personal ()

FROM BILL: Twp/Map/Lot# _____ Acct# _____ 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 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 () APT/CONDO
[If mobile home, give year, make, model & size. If house, give
stories, rooms & baths. If apartment/condo give project name.

Description- _____

Subject Property Street Address - _____

Contact _____ at Phone # _____ to gain admission.
(If other than owner) (During Business Hours)

This residential unit does not qualify for recycle billing for the year indicated due to:

- () Dwelling unit did not exist as of July 1, ____ (complete year).
 - () Under construction, no occupancy permit issued.
 - () Torn down or removed approximately _____. (date)
- () Dwelling unit exists but due to condition is not economically feasible to repair and **was last occupied** _____. (date)
CURRENT USE of this former dwelling unit is _____.
- () Dwelling unit exists but has been continuously **vacant and/or unoccupied** since _____. (date)
- () Dwelling unit exists 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- Map/Lot # _____ Account # _____.
- () Reason other than above: _____.

I HEREBY ENTER THIS SWORN STATEMENT BEFORE THIS WITNESS,
SWORN THIS DATE OF: _____ (date)

(SEAL)

Witness: _____
Check if witness is Tax Dept. Employee- ()