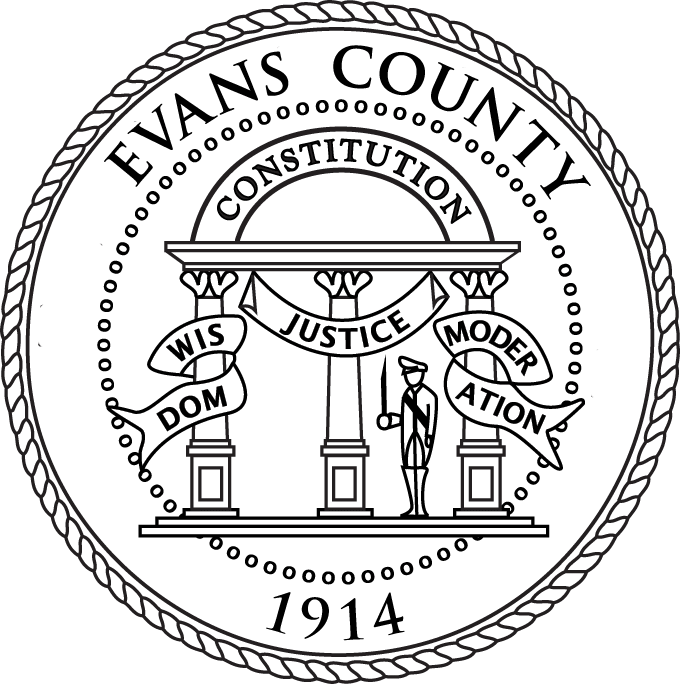
****

**EVANS COUNTY REFUSE  
FINANCIAL POLICY**

**SECTION ONE: ACCOUNT ESTABLISHMENT**

Residents seeking to do business with Evans County Refuse must submit an entirely completed Account Establishment Form (see Appendix A) to:

*Evans County Tax Assessor’s Office, 2 Freeman St, Claxton, GA 30417*

**SECTION TWO: INVOICING AND PAYMENT**

Accounts will be invoiced by the Evans County Tax Assessor’s Office according to the schedule in the chart below. Generally, payments will be due by the 23rd of the second month following the invoice month. For example, invoices dated January will be due on March 23.

|  |  |  |  |
| --- | --- | --- | --- |
| *Paid to Tax Assessor’s Office* | | | |
|  | **Invoice Date** | **Due Date** | **Amount Due** |
|  | January | March 23 | $ 54.00 |
|  | April | June 23 | $ 53.00 |
|  | July | September 23 | $ 53.00 |

Accounts not paid as invoiced by the Evans County Tax Assessor’s Office will be submitted to the Evans County Tax Commissioner’s Office for collection on the Annual Tax Bill.

|  |  |  |
| --- | --- | --- |
| *Paid to Tax Commissioner’s Office* | | |
|  | **Invoice and Due Date** | **Amount Due** |
|  | Included on Annual Tax Bill | $ 172.00 |

If the account is not paid in full, the account may be considered delinquent and may be subject to legal action.

Delinquent accounts may have services temporarily or permanently terminated due to failure to comply with policy and ordinance.

**SECTION THREE: HOURS OF OPERATION**

Evans County Refuse, located within the Evans County Tax Assessor’s Office, hours of operation are Monday through Friday 8:00 AM to 5:00 PM; Excluding County Holidays.

**SECTION FOUR: INADEQUATE FUNDS**

Customers who pay for Evans County Refuse services with inadequate funds (i.e. returned checks, fraudulent bills/coins, etc.) may lose privileges. Customers who remit payment that is returned will no longer be allowed to remit payment via check and will be assessed a $30 returned check fee for each check returned. Payment for all returned checks (that were paid to the Evans County Tax Assessor’s Office) and all returned check fees must be made using cash or money order. Payment must be made in person to the Evans County Tax Assessor’s office.

Payment made to the Evans County Tax Commissioner’s Office using inadequate funds will follow the Evans County Tax Commissioner policy for such.

**SECTION FIVE: RATES AND POLICY CHANGES**

Rates (see Appendix B) and policy are subject to change at any time based on commissioner approval. Please also refer to the Evans County Refuse Ordinance.

**APPENDIX A  
ACCOUNT ESTABLISHMENT FORM  
EVANS COUNTY REFUSE**2 Freeman Street

Claxton, GA 30417

(912) 739-3424

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME / LEGAL NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  
PHYSICAL ADDRESS CITY STATE ZIP

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ALT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAYMENT TERMS:** BY THE 23RD OF THE SECOND MONTH FOLLOWING THE INVOICE MONTH.

I/WE certify that the above information is true and correct and I/WE agree to pay this account in accordance with your credit terms. I/WE authorize you to verify this information. In consideration for the credit extended the undersigned agrees to be personally liable for all indebtedness and interest now or hereafter incurred, whether or not any credit limit is exceeded or increased in the future. The undersigned also agrees to be liable for all reasonable attorney fees should any litigation be incurred for non-payment of account. Also, if account is not paid in full by the due dates (or satisfactory payment arrangements made), account may be considered delinquent and may subject you to legal action. Furthermore, delinquent accountholders may have services discontinued. ***NOTE:*** *If a partnership, all partners must sign. If a corporation, an authorized officer must sign.*

|  |
| --- |
| SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OR PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OR PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***PLEASE SUBMIT COMPLETED FORM TO  
EVANS COUNTY REFUSE, 2 FREEMAN ST, CLAXTON, GA 30417***

**APPENDIX B  
EVANS COUNTY REFUSE RATES**

**Annual Refuse Rates**

|  |  |
| --- | --- |
| **TYPE** | **RATE** |
| Solid Waste Fee, if paid by Due Dates  *as invoiced by the Evans County Tax Assessor’s Office* | $ 160.00 |
| Solid Waste Fee | $ 172.00 |