

**Washington County Solid  
Waste Disposal Authority  
2024 Church Exemption Application**

Name of Church applying for exemption \_\_\_\_\_

Physical address of church \_\_\_\_\_

Number of active church members \_\_\_\_\_ **(Please also attach a formal church member role)**

I, \_\_\_\_\_, serving as \_\_\_\_\_  
for the above named church, certify that in filing this application for exemption from the payment of fees for solid waste collection understand that if it is later discovered that I falsified or willingly failed to provide truthful information as requested by the Authority that the above named church will be compelled to pay all fees and penalties which would have otherwise been required during the period of exemption.

I further certify that I understand that:

- a. The church must apply for this exemption annually before November 30<sup>th</sup> of each year,
- b. That this exemption shall not become effective until approved in writing by a duly authorized officer of the Washington County Solid Waste Disposal Authority,
- c. That this application is being executed by me under oath as an inducement to grant the above-named church an exemption, and
- d. That I may be called upon to produce other proof of church eligibility or continued eligibility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Church Role

Church Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_  
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Additional Information Requested: \_\_\_\_\_ Exemption Granted: YES \_\_\_ NO \_\_\_

Signature of Duly Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_