

**Washington County Solid
Waste Disposal Authority
2025 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 30th 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: _____