



Relief from Garbage & Sewage Contribution (GSC) Levy



RELIEF \ WAIVER APPLICATION FORM ORGANIZATIONS \ COMMERCIAL

Date: _____, 20 ____

NB: Please read the information contained **OVERLEAF** BEFORE completing this application form.

To be eligible for a reduction \ waiver in GSC, applicants **must** meet the criteria shown for **one (1)** of the following three (3) categories:

Tick **One:** Day Care Nursery School Non-Profit Homes for the Aged : Other

Applications must be filed **within twenty-one (21) days** of the receipt of your most current bill.

Tick **One:** Owner Tenant

1. Full name of Business Owner: _____

PRINT IN BLOCK LETTERS

2. Barbados ID No. or Passport No. : _____

3. Type of Business: _____

4. Telephone No.(w): _____ Mobile No: _____

5. Certificate of Registration or Certificate of Incorporation: (*copy attached*)

6. Mailing Address: _____

7. Email Address: _____

8. Account Number: _____

Please state briefly why an application is being made for relief. You may attach an additional sheet if necessary.

NB: The Relief Board in its sole discretion shall determine whether or not a certificate will be granted after reviewing all circumstances of the case. The Secretary of the Board will contact you in due course.

All information provided on this claim is true and accurate to the best of my knowledge. **Please attach a copy of the Water and Services invoice for the period that relief is being claimed.**

A person who knowingly makes an application that is false in any material is guilty of an offence and is liable on summary conviction to a fine of **\$1,000.00** or to imprisonment for **12 months** or both.

(Signature)

(Please print NAME)



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CRITERIA FOR RELIEF – ORGANIZATIONS \ COMMERCIAL

i) DAY CARE CENTRES OR NURSERY SCHOOLS

To qualify for a reduction\waiver from payment of the GSC, Day Care Centres and Nursery Schools **must be** licensed with the Child care Board. Smaller registered facilities which provide care for three (3) or more persons will also qualify.

ii) NON-PROFIT HOMES FOR THE AGED

Homes for the Aged **must be** licensed by the Ministry of Health and Wellness. These homes **must be** run by a not-for-profit corporation that provides services **exclusively** to elderly people who do not need nursing care but cannot live alone. Residential Health Care Facilities that provide nursing and medical care to ill or disabled persons may also qualify. Such organizations must be not-for-profit and licensed by the Ministry of Health and Wellness. In order to qualify for a reduction\waiver from payment of the GSC, Homes for the Aged must provide care exclusively to elderly persons.

If the premises are also used for the care of young people, the exemption will be denied.

iii) SHELTERS

To qualify for a reduction\waiver from payment of the GSC, a shelter **must be** operated by a not for profit organization that provides temporary shelter to runaways, homeless, battered persons and/or the indigent.

Note that supporting documentation showing the licensing or registration of the entities under the various categories must be provided to the relief board.

Application forms can be <u>COLLECTED</u> from any of the following locations	COMPLETED application forms may be mailed or delivered to
<ul style="list-style-type: none"> ➤ Barbados Water Authority <ul style="list-style-type: none"> • Headquarters, Pine • Customer Service Centre, Bridgetown ➤ Sanitation Service Authority ➤ Post Offices (all locations) 	<p>The Secretary The Garbage and Sewage Contribution Relief Board Barbados Water Authority Pine Commercial Estate Pine ST. MICHAEL, BB11103</p>
<p><u>ONLINE (pdf download)</u></p> <ul style="list-style-type: none"> ➤ http://barbadoswaterauthority.com ➤ http://gisbarbados.gov.bb/downloads 	<p>or return via email to: gsc@barbados.gov.bb</p>

FOR OFFICIAL USE ONLY		Official Stamp
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Reason	
_____	_____	Chairman Relief Board
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
(Signature)	(Date)	
(Post)		