

**SEWER ABATEMENT REQUEST FORM**

Date \_\_\_\_\_

Abatement Requests must be in writing to Board of Selectmen by 30 days of bill date.

Dear Sewer Commissioners - I am requesting abatement of my sewer bill for the noted reason(s).  
(check appropriate box)

- 1. Billing error
  - Incorrect gallonage, input error \_\_\_\_\_
  - Incorrect data, water district \_\_\_\_\_
  - Wrong billing rate structure \_\_\_\_\_
- 2. Building unoccupied
  - water meter removed - abate \_\_\_\_\_
  - water meter remains - minimum bill \_\_\_\_\_
- 3. Building not connected to sewer system. \_\_\_\_\_
- 4. Faulty water meter confirmed by water district.  
Sewer bill then based on water district usage gallons \_\_\_\_\_
- 5. Metered water used for irrigation or other purposes not discharged to the Town sewer. \_\_\_\_\_

The sewer bill is based on the prior Fiscal Year's winter reading then doubled to obtain a 12-month estimate. This figure provides data to allow the Town to develop the Annual Use Charge. Should an individual user feel that the usage figures are incorrect for the current Fiscal Year billing cycle, an abatement form must be filled out, signed and dated to allow the Town to respond and consider the request. The bill must be paid prior to consideration for abatement.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # Home \_\_\_\_\_ Work \_\_\_\_\_

Meter Location if different from above address: \_\_\_\_\_

Received by BOS: \_\_\_\_\_ Received at WPCF \_\_\_\_\_

Abatement Deadline \_\_\_\_\_ Recommendation date \_\_\_\_\_

Sewer Commission Response: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Sewer Commissioners, One Avenue A, Turners Falls, MA 01376