



TOWN OF WEST BOYLSTON

**APPLICATION FOR ABATEMENT OF
SEWER USAGE CHARGES**

Must be filed with the Board of Sewer Commissioners within six months from date of the notice of assessment sent by the Tax Collector.

To the Sewer Commissioners:

NAME OF APPLICANT: _____

POST OFFICE ADDRESS: _____

NAME OF PERSON ASSESSED _____

Location and Description of Property

Bill Number:	Date of Issue	Bill Amount	Amount Paid

Complete statement of reason for this application: _____

SUBSCRIBED THIS _____ day of _____, 20____, UNDER THE PENALTIES OF PURJURY.

SIGNATURE OF APPLICANT _____
NAME IN FULL

*THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR UTILITY BILL, IT SHOULD BE PAID AS BILLED.
APPLICATIONS FOR ABATEMENT WILL NOT BE PROCESSED UNLESS THE BILL IS PAID IN FULL. REFUND WILL FOLLOW IF
ABATEMENT IS APPROVED BY THE BOARD OF SEWER COMMISSIONERS.*

Do not write below this line

Notice Sent _____ for hearing _____ Hearing Held _____ with _____

Original Sewer Charges: _____

Abatement Allowed: _____

Adjusted Sewer Charges: _____

Reason for Abatement: _____

Date _____, 20 _____

Sewer Commissioners
Town of West Boylston