



**TOWN OF WEST BOYLSTON**  
**APPLICATION FOR ABATEMENT OF SEWER**  
**BETTERMENT ASSESSMENTS**

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 Board of Sewer Commissioners:

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

The above-named person aggrieved by \_\_\_\_\_ BETTERMENT ASSESSMENT  
YEAR  
a hereby applies for an abatement.

NAME OF PERSON ASSESSED \_\_\_\_\_

Location and Description of Property (No. of Street, Plan, or Lot and Area of Land)

Description must be sufficiently accurate to identify the premises.

\_\_\_\_\_

Betterment Amount Assessed \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Assessment Paid by \_\_\_\_\_ on \_\_\_\_\_  
DATE

IF THE APPLICANT IS NOT THE PERSON ASSESSED, what is the applicant's interest in the property?

\_\_\_\_\_  
SPECIFY PRESENT OWNERSHIP, MORTGAGE OR WHAT OTHER INTEREST

When was such interest acquired? \_\_\_\_\_  
DATE

Complete statement of reasons for this application \_\_\_\_\_

\_\_\_\_\_

CONTENTIONS OF LAW RAISED

\_\_\_\_\_

\_\_\_\_\_

SUBSCRIBED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT \_\_\_\_\_

NAME IN FULL

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR ASSESSMENT, IT SHOULD BE PAID AS ASSESSED OR INTEREST WILL ACCRUE. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.