

**Application for Sewer Use Abatement  
Town of West Boylston  
140 Worcester Street  
West Boylston, MA 01583**

I, \_\_\_\_\_ of \_\_\_\_\_  
(Your name) (Mailing Address)

\_\_\_\_\_  
(Phone Number) (Email Address)

\_\_\_\_\_  
(Account & Customer number) (Service address if different)

\_\_\_\_\_  
(West Boylston Water District Account number)

Preferred Method of Communication: \_\_\_\_\_

Request an abatement or adjustment for the billing period \_\_\_\_\_ due to reason stated below.  
(Date of Bill)

Customers who file abatement applications or requests for adjustments are required to have paid **all** uncontested prior bills (including penalties and interest, if applicable). The request for an abatement or adjustment must be received in the **Select Board office** within **30 days** of the date of the bill in dispute.

***Customers are required to pay the contested bill on or before the due date to avoid interest charges. DOR guidelines demand that interest charges accrue on accounts with unpaid balances after the due date. The Director of Public Works does not have the authority to put an account on "No Finance Charge" status.***

(Please check the type of adjustment/abatement)

Adjustment for difference between the inside and outside meters.  
(The inside meter shall take precedence.)

Adjustment for error or miscalculation in a bill.

Abatement/ adjustment for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other information to support this application (Please attach additional sheets if necessary)

Documentation of water meter failure from West Boylston Water District

Repair Company Verification Form  
AND

Water use documentation for two years, if possible

Documentation that all other charges and bills including real estate and excise tax bills are paid and current.

Bill Date: \_\_\_\_\_ Bill Amount: \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach any other supporting documentation.

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**Town of West Boylston Sewer Abatement  
Repair Company Verification Form**

I, \_\_\_\_\_  
(Repair Technician's name) (Company Name if different)

\_\_\_\_\_  
(Company Address)

Have repaired a leak at \_\_\_\_\_  
(Customer's address)

For \_\_\_\_\_ on \_\_\_\_\_  
(Customer's name) (Date of repair).

Type of Leak: \_\_\_\_\_

Please check all that apply.

- I hereby verify that water usage from that leak did not enter the Town's Sewer System.
- It is my professional opinion the water usage resulting from this problem resulted in a loss of \_\_\_\_\_ gallons approximately.
- Please add any other additional information you feel is applicable to this incident. (Please use additional paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Repair Technician's Signature \_\_\_\_\_

License Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

This form must be attached to an Application for an Abatement or Adjustment of sewer charges with a copy of the repair invoice and proof of payment for the repair.