



TOWN OF WEBSTER  
DEPARTMENT OF PUBLIC WORKS  
WATER - SEWER DIVISION  
PO BOX 793 WEBSTER, MA 01570

**APPLICATION FOR UTILITY ABATEMENT**

**INSTRUCTIONS:** Please type or print all information, attach documentation that supports your request. Sign, date and submit to: Water/Sewer Department, PO Box 793, and 38 Hill Street, Webster, MA 01570. **ALL APPLICATIONS MUST BE RECEIVED WITHIN 30 DAYS OF THE BILLING DATE---AFTER 30 DAYS THE APPLICATION WILL BE RETURNED.**

Name of property owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_

**ABATEMENT REQUESTED FOR: (please check appropriate box)**

Water \_\_\_\_\_ Sewer \_\_\_\_\_

Location of property: \_\_\_\_\_

Account # \_\_\_\_\_ Bill # \_\_\_\_\_ Date of bill \_\_\_\_\_

**REASONS FOR COST ADJUSTMENT:**

\_\_\_\_\_

\_\_\_\_\_

Please attach any additional information to support your request

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ under the penalties of perjury.

**OFFICE USE ONLY**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Approved adjustment amount: \$ \_\_\_\_\_ water \_\_\_\_\_ sewer \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rebilled amount \$ \_\_\_\_\_ water \$ \_\_\_\_\_ sewer---Cycle # \_\_\_\_\_

**COMMISSIONERS APPROVAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COMMISSIONERS DENIAL** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signed Water/Sewer Commissioners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_