



TOWN OF TEWKSBURY

DEPARTMENT OF PUBLIC WORKS
999 WHIPPLE ROAD
TEWKSBURY, MASSACHUSETTS 01876

ENGINEERING HIGHWAY/FORESTRY FLEET MAINTENANCE
WATER AND SEWER WATER TREATMENT PLANT

APPLICATION FOR ABATEMENT

APPLICANT INFORMATION

NAME(S): _____
MAILING ADDRESS: _____
TELEPHONE: _____
E-MAIL: _____

SERVICE LOCATION INFORMATION

ACCOUNT #: _____
ADDRESS: _____

DISPUTED BILL INFORMATION

BILL #: _____ BILL DATE: _____ AMOUNT: _____

TYPE OF ABATEMENT BEING REQUESTED: ___ LEAK ___ EXTREME EVENT

REASON(S) FOR WHICH ABATEMENT IS REQUESTED: (attach any supporting documentation)

PLEASE CAREFULLY READ AND CHECK OFF THAT YOU ACKNOWLEDGE THE FOLLOWING:

- I UNDERSTAND THAT THIS APPLICATION MUST BE TURNED IN WITHIN 30 DAYS OF THE BILL ISSUANCE DATE OF MY BILL IN DISPUTE OR MY APPLICATION WILL BE DENIED
- I UNDERSTAND THAT ABATEMENTS WILL BE ISSUED IN ACCORDANCE WITH THE CURRENT WATER AND SEWER ABATEMENT POLICY
- I UNDERSTAND THAT THERE CANNOT BE ANY OUTSTANDING BALANCES PRIOR TO MY BILL IN DISPUTE ON MY UTILITY ACCOUNT BEFORE I TURN IN THIS APPLICATION OR MY APPLICATION WILL BE DENIED
- I UNDERSTAND THAT IF I HAD A LEAK, I MUST PROVIDE A COPY OF A RECEIPT/PLUMBER'S INVOICE SHOWING THAT I HAVE FIXED THE ISSUE OR MY APPLICATION WILL BE DENIED
- I UNDERSTAND THAT AN INSPECTION MUST HAVE BEEN PERFORMED BY A DPW REPRESENTATIVE CONFIRMING THE LEAK OR MY APPLICATION WILL BE DENIED

SIGN: _____ DATE: _____

FOR OFFICE USE ONLY		
DATE SUBMITTED: _____	WITHIN 30 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL: _____