

Town of Southwick DPW-Water Division

Water/Sewer Abatement Request Form



Name: _____ Date: _____

Service Address: _____ Mailing (if different): _____

Phone Number: _____

Amount of Requested Water Abatement: \$ _____ Original Amount of Water Bill \$ _____

Amount of Requested Sewer Abatement: \$ _____ Original Amount of Sewer Bill \$ _____

Please explain why you are requesting an abatement:

Please be advised this form must be completed and turned into the DPW office before the bill(s) in question are due, which is 30 days after bill is issued. Then an appointment will be made for your request to go before the Board of Water & Sewer Commissioners. At that time you may wish to be present to answer questions the board may have. The decisions the Water & Sewer Commissioners make are final and your revised bill(s) will reflect the decision. The abatement process does not prevent unpaid balances from accruing interest and/or penalties.

By signing you are acknowledging that you understand the statements above.

Signature of Requestor

Date

BELOW FOR OFFICE USE ONLY

Bill#

Account#

Date Bill Due:

Date Request Received:

Received By:

Meeting Date & Time:

APPROVED

DENIED

SIGNATURES

Special Conditions:

This institution is an equal opportunity provider and employer.