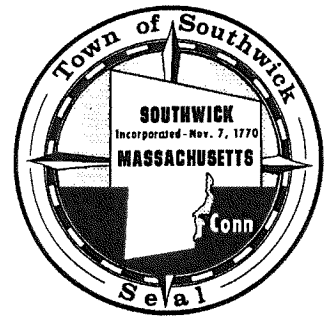


**Town of Southwick DPW-Water Division**



**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:

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