

Town of Plymouth, Massachusetts
Application for Utility Abatement

INSTRUCTIONS: Please type or legibly print all information. Attach documentation that supports the abatement request. Sign, date and submit to: Office of the Department of Public Works, 11 Lincoln Street, Plymouth, MA 02360. Applications must be received within 30 calendar days of the billing date of the disputed bill. Late applications will be returned.

For assistance in completing this form contact Plymouth DPW AT 508-747-1620 ext 131.

Name of Applicant: _____

Application Number: _____

(Leave Blank)

Mailing Address: _____

Telephone Number: _____

Utility Abatement Requested for (Check appropriate block)

Water: _____ Sewer: _____

Location and description of property served by the utility:

Account #: _____ Date of Bill: _____ Billing period from _____ to _____

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

Reasons for Abatement Request:

(Use additional pages and/or attach supporting documents if needed.)

Subscribed this _____ day of _____ 200__ under penalties of perjury.

Signature of Applicant: _____

Do not write below this line

Reviewed by: _____ Date of Review: _____

Comments:

Recommendation: ___ Disapprove ___ Approve

Action Taken: ___ Approved Amount \$ _____

___ Disapproved

Approval/Disapproval Signature: _____ Date: _____