

**SEWER ENTERPRISE FUND
APPLICATION FOR ADJUSTMENT**

IN ORDER TO BE ELIGIBLE FOR AN ADJUSTMENT, **THIS FORM MUST BE FILED WITHIN 45 DAYS** FROM DATE OF BILLING BY COMPLETING & RETURNING TO :

The Department of Public Works
39 Lafayette Road
Salisbury, MA 01952
Fax 978-463-0190
pubworks@salisburyma.gov

Sewer Account # _____

Name of Applicant _____

Service Address _____

Daytime Phone # _____

Mailing Address _____

Bill Date _____

Bill Amount _____

Please state reason(s) for this adjustment request and attach a copy of your final water bill.

Subscribed this _____ day of _____ 200____ , under the penalties of perjury.

SIGNATURE OF APPLICANT

A credit will be applied to your account if adjustment is allowed.

Adjustment _____

Signature _____

Date _____