

SEWER ENTERPRISE FUND  
**APPLICATION FOR ABATEMENT**

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

Department of Public Works  
39 Lafayette Road  
Salisbury, MA 01952  
**pubworks@salisburyma.gov**

Sewer Account # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Service Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Bill Date \_\_\_\_\_

Bill Amount \_\_\_\_\_

Please state reason(s) for this abatement request and attach a copy of your bill(s) and all other relevant documentation.

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Subscribed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, under the penalties of perjury.

SIGNATURE OF APPLICANT \_\_\_\_\_

*A credit will be applied to your account if this abatement request is approved.*

\_\_\_\_\_ APPROVED ABATEMENT AMOUNT \_\_\_\_\_

\_\_\_\_\_ DENIED

Signature \_\_\_\_\_ Date \_\_\_\_\_