

TOWN OF GILL
MASSACHUSETTS



www.gillmass.org

SEWER ABATEMENT REQUEST FORM (Revised 12/01/15)

If the usage figures are believed to be incorrect for the current billing cycle, an abatement form must be filled out, signed, and dated to allow the Town to respond and consider the request. **The bill must be paid before any abatement will be considered.**

Sewer Bill Date: _____ Sewer Bill #: _____
 (Abatement requests must be in writing to the Sewer Commissioners within 30 days of the bill date.)

Dear Sewer Commissioners: I am requesting abatement of my sewer bill for the noted reason(s).

- Metered water used for filling swimming pools or spas (complete chart below)
 (Abatement shall not be granted if calculated amount is less than \$10.00)
- Inaccurate readings (must be confirmed by Water Commissioners)
- Excessive reading due to broken water pipes (must prove that excess water did not enter sewer system)
- Other (explain below)

Explanation: _____

Usage History:

Date	"A" Meter Reading Before (Cu. Ft.)	"B" Meter Reading After (Cu. Ft.)	"C" # of Cubic Ft (B - A)	"D" <u>Discounted</u> Sewer Rate (from bill) 0.1650 - 10% = 0.1485 \$/cu. ft.	\$ Requested for Abatement (C x D)
<i>Example</i>	<i>075074</i>	<i>075162</i>	<i>88</i>	<i>0.1485</i>	<i>13.07</i>
				<i>0.1485</i>	
				Total requested	\$

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Name _____

Account # (from bill) _____

Address _____

Tel. _____

Meter location if different from above address _____

Submit this completed form to the Tax Collector

PO Box 784, Turners Falls, MA 01376

-----Town Use Only Below This Line-----

Date received by Tax Collector _____

Abatement deadline (90 days from receipt) _____

Sewer bill is paid & no outstanding sewer charges? YES NO

Tax Collector signature _____

Sewer Commission response: Approved _____

Denied _____

Date _____

Sewer Commissioners _____
