

Town of Marion, Massachusetts
Application for Water/Sewer Abatement

INSTRUCTIONS: Please type or legibly print all information. Attach documentation that supports the abatement request if necessary. Sign, date and submit to: Marion Water Department, P.O. Box 1050, Marion, MA 02738. 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 the Marion Water Department at (508) 748-3540 ext. 101.

Name of Applicant: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Utility Abatement Requested for (Check appropriate box) Water: _____ Sewer: _____

Account #: _____ 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 _____ 201____ under penalties of perjury.

Signature of Applicant: _____

Do not write below this line

Office Use Only:

Reviewed by: _____ Date of Review: _____

Comments: _____

Recommendation: _____ Disapprove _____ Approve

Action Taken: _____ Approved Amount \$ _____ _____ Disapproved

Approval/Disapproval Date: _____

Signature(s) _____

