

TOWN OF GILL

MASSACHUSETTS



www.gillmass.org

SEWER ABATEMENT REQUEST FORM

Date _____

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).

- | | <u>Amount</u> |
|--|---------------|
| 1. Billing error | |
| a. Incorrect number of gallons, input error | _____ |
| b. Incorrect data, water district | _____ |
| c. Incorrect billing rate structure | _____ |
| 2. Building unoccupied | |
| a. Water meter removed – abate | _____ |
| b. Water meter remains – min bill | _____ |
| 3. Building not connected to sewer system | _____ |
| 4. Faulty water meter confirmed by water district (sewer bill then based on water district usage gal.) | _____ |
| 5. Metered water used for irrigation or other purposes not discharged to the town sewer | _____ |
| 6. Excessive reading due to broken water pipes | _____ |

The sewer bill is based on the prior fiscal year's winter reading then doubled to obtain a 12-month estimate. This figure provides data to allow the town to develop the Annual Use Charge. Should an individual user feel that the usage figures are incorrect for the current fiscal year 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 prior to consideration for abatement.**

Name _____ Signature _____

Address _____

Tel: Hm# _____ Wk# _____

Meter location if different from above address _____

Date received by Commissioners _____

Abatement deadline (90 days from receipt) _____

Sewer Commission response: Approved _____ Denied _____ Date _____

Telephone 413-863-9347

325 Main Road, Gill MA 01354
This institution is an equal opportunity provider and employer.

Fax 413-863-7775