

# TOWN OF GILL

M A S S A C H U S E T T S



[www.gillmass.org](http://www.gillmass.org)

## SEWER ABATEMENT REQUEST FORM (Revised 10/5/10)

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” Sewer Rate (from bill) \$/cu. ft.	\$ Requested for Abatement (C x D)
<i>Example</i>	<i>075074</i>	<i>075143</i>	<i>69</i>	<i>.0850</i>	<i>5.86</i>
<b>Total requested</b>					<b>\$</b>

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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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_