

Application No. _____
(Office Use Only)

**TOWN OF BLACKSTONE
APPLICATION FOR ABATEMENT
WATER/SEWER USAGE CHARGES**

Account Number: _____ Date: _____

Address: _____ Phone Number: _____

TO THE WATER AND SEWER COMMISSION:

Name of Applicant: _____

Mailing Address: _____

City/State/Zip: _____

The above named person aggrieved by a Water Sewer, or Miscellaneous user charge, hereby applies for an abatement of all, or a portion of the charges as follows:

APPLICATION MUST BE SUBMITTED WITHIN 30 DAYS OF BILL DATE.

Bill No. Aggrieved: _____

Due Date of Bill: _____

Amount to be Abated: _____

Complete statement for reason abatement is requested:

Signature of Applicant:

Please attach a copy of the bill and repair/parts receipts to this form and mail to:

TOWN OF BLACKSTONE
DEPARTMENT OF PUBLIC WORKS
53 Elm Street
Blackstone, MA 01504