



**TOWN OF HATFIELD
DEPARTMENT OF PUBLIC WORK
APPLICATION FOR WATER/SEWER ABATEMENT**

Your account no. _____
Your Bill no. _____

Date of Issue: _____ / _____ / _____
Mo. Day Yr.

**NAME OF PERSON
ASSESSED** _____

MAILING ADDRESS _____
(if different from service address)

ADDRESS OF SERVICE _____

REASON:

New Pool (Dated Invoice attached) Pool/Pool Liner Repair (Dated Repair Invoice attached)

NOTE: If you have not installed a new pool or had a pool repair you are not eligible for an abatement of the sewer portion of your water/sewer bill. If dated invoices are not attached - abatement requests will not be considered. There are no exceptions.

WATER

SEWER

Original Bill \$ _____ Original Bill \$ _____

Abatement \$ _____ Abatement \$ _____

Adjusted Bill \$ _____ Adjusted Bill \$ _____

Subscribed this ____ day of _____, 20____, **UNDER THE PENALTIES OF PERJURY.**

SIGNATURE OF APPLICANT _____

The above-named person assessed hereby makes application for abatement of a water/sewer user fee.

IF you believe your bill is in error because of a faulty water meter the Water Department will test the meter. There is a \$50 charge for the test. If the meter is faulty, the charge will be refunded and the application for abatement may be considered. If the meter is functioning properly, the fee will not be refunded and the application for abatement will be denied.

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This is to certify that the Board of Selectmen has abated the amount of \$ _____ on a Water/Sewer user fee.

Date: _____

Abatement #
Authorized Signature(s)

APPROVED _____

DISAPPROVED _____

