



*Town of Northbridge, Massachusetts*

**Application for Utility Abatement**

**INSTRUCTIONS:** Please type or legibly print all information. Attach any documentation that supports the abatement request. Sign, date and submit to: Office of the Town Manager, Town Hall, 7 Main Street, Whitinsville, MA 01588. Applications must be received within 30 calendar days of the billing date of the disputed bill. For additional information, see Northbridge Town Code Chapter 198A Utility Abatement Requests. For assistance in completing this form contact Northbridge DPW at 508-234-3581.

**Name of Applicant:** \_\_\_\_\_ **Application Number:** \_\_\_\_\_  
(Leave Blank)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Utility Abatement Requested for** (Check appropriate block) **Water:** \_\_\_\_\_ **Sewer:** \_\_\_\_\_

**Location and description of property served by the utility:** \_\_\_\_\_  
\_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date of Bill:** \_\_\_\_\_ **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 \_\_\_\_\_ 20\_\_ under penalties of perjury.

**Signature of Applicant:** \_\_\_\_\_

Do not write below this line

**Reviewed by:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Taken:** \_\_\_ Approved **Amount \$** \_\_\_\_\_ **Disapproved**

**Approval/Disapproval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_