

COPY RECEIVED BY  
APPLICANT \_\_\_\_\_

Town of Great Barrington  
334 Main Street, Town Hall  
Great Barrington, MA 01230

**REQUEST FOR ABATEMENT OF SEWER USE FEE**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address of Sewer Use Property \_\_\_\_\_

Current Sewer Bill Date \_\_\_\_\_ Amount \_\_\_\_\_ Bill. No. \_\_\_\_\_

Residential \_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ Apartment Other: \_\_\_\_\_

\_\_\_\_\_ Up to 2-2 ½ baths \_\_\_\_\_ More than 2 ½ baths

Business Type: \_\_\_\_\_

Reason for abatement request. Please be as specific as possible. Attach extra paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED ATTACHMENTS:** BILL IS PAID  PROOF OF USAGE (WATER/ELECTRIC BILL)

*Regardless of the outcome of this request, your sewer bill payment is due within 30 days from the date of issue. The DPW Superintendent may contact you to schedule a meeting to review any documentation (legal papers, receipts, records etc.) and discuss your abatement request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your **paid sewer bill, proof of water or electric bill** and send or bring this completed form to the Department of Public Works, Sewer Commission, 334 Main Street, Great Barrington, MA 01230.

App. No. \_\_\_\_\_

Permanent \_\_\_\_\_ OR Temporary \_\_\_\_\_ Abatement

Recommendation of DPW Superintendent/ Town Manager

We recommend this application be:

( ) Approved

( ) Disapproved for reasons stated below

\_\_\_\_\_  
\_\_\_\_\_

DPW Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_