

Office Use Only	Bill # _____	Approved _____	Denied _____
	Date _____	Amount abated _____	

FY2021 (7/1/2020-6/30/2021) SEWER ABATEMENT APPLICATION

Name of Applicant _____

Name of Property owner(s) _____

Mailing address _____

Street address of
property _____

Current bill amount: _____ Amount paid: _____

State the reasons for the abatement. If a house or unit is vacant, please provide dates:

If the abatement is for one or more apartments/units, please list units and their location:

Date: _____ Signature of applicant _____

*Please provide all applicable information. The Board of Sewer Commissioners will not accept incomplete abatement applications.

*Please return to the **Board of Sewer Commissioners** at P.O. Box 1537, Warren, MA 01083 or to digris@warren-ma.gov no later than **May 1, 2021**.