

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: _____