Town of Great Barrington
Board of Sewer Commissioners

SEWER ABATEMENT POLICIES

1. There are two classifications of abatements:

   **Permanent** – Typically caused by a structural change to the building, such as the conversion of a multifamily home to a single family home.

   **Temporary** – Typically the result of a water shut off or long-term vacancy.

2. Request for abatement must be submitted on the appropriate application form available in the Selectboard Office. Requests for abatement must be received by the Selectboard Office prior to the due date of the sewer bill in question and may not be retroactive beyond the period covered by the bill.

3. The minimum charge for each equivalent dwelling unit connected to the sewer system is $253.00 per six month billing cycle. As sewer rates are adjusted, this minimum charge will be changed to equal one half of the new bill.

4. New units which are connected to the sewer system may apply for a partial abatement if connected for less than three months of the billing period.

5. An equivalent dwelling unit which is unoccupied for the entire billing period is eligible for an abatement of one half of the regular bill. The vacant status of the dwelling must be verifiable by the Town and the burden of proof rests with the applicant. The best proof of vacant status is water shut off record, although some applications may require visual inspection by staff of the Department of Public Works. Such inspection should be requested as soon as possible after commencement of such a vacancy. Likewise, should unit resume occupancy during a billing cycle without inspection by the Town, no abatement shall be granted for that billing period.

6. The approval of a permanent abatement, which includes the visual inspection of structural conversion of the dwelling, will result in a change to the billing status and no further abatement will be necessary.
REQUEST FOR ABATEMENT OF SEWER USE FEE

Name _______________________________________________ Phone __________________________

Mailing Address _______________________________________________________________________

Street Address of Sewer Use Property ______________________________________________________

Current Sewer Bill Date _________________ Amount ______________ Bill. No. _________________

Previous Sewer Bill Date _________________ Amount ______________ Bill. No. _________________

Residential _____ Single Family _____ Multi-Family ______ Apartment Other: _______________

_____ Up to 2-2½ baths  ______ More than 2 ½ baths

Business Type: ________________________________________________________________________

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

Regardless of the outcome of this request, your sewer bill payment is due within 30 days from the date of issue. The DPW Superintendent will 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 and send or bring this completed form to the Great Barrington Board of Sewer Commissioners, c/o Selectboard, 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: _____________