

# REQUEST FOR SEWER USE FEE ABATEMENT

*Please Return To:*  
South Hadley Selectboard  
116 Main Street  
South Hadley, MA 01075  
413-538-5017

**MUST BE FILED WITHIN 30 DAYS OF BILLING**  
**DATE**

Name: \_\_\_\_\_ Date Filed \_\_\_\_\_

Location: \_\_\_\_\_

Account No. \_\_\_\_\_ Bill \_\_\_\_\_

Reason:  inaccurate number of units billed  billed to wrong party  water shut-off

Other – Explain \_\_\_\_\_

The above statements are true. Signed under the penalties of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Telephone

Abatement:  Granted  Denied

**Original Amount** \_\_\_\_\_  
**Abatement Granted** \_\_\_\_\_  
**Balance Due** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Administrator

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