Must be filed with Public Works Department	•
NAME OF DEPARTMENT MAKING CHA	RGES
The commonwealth of massachusetts ofofHolbrook APPLICATION FOR ABATEMENT OF U	Received DO NOT WRITE IN THIS SPACE Granted Denied Date SAGE CHARGE
Billing Account # Sewer	Water
To the Billing Department Public Works Department NAME OF DEPARTMENT MAKING CHARGES	
NAME OF APPLICANTADDRESS	
The above—named person aggrieved by awater/sewer	
Usage ChargeAmount Paid \$	
IF THE APPLICANT IS NOT THE PERSON BILLED, what is the applicant's intere	
PRESENT OWNERSHIP, MORTGAGE OR WHAT OTHER INTEREST Complete statement of reasons for this application:	
CONTENTIONS OF LAW RAISED	
SUBSCRIBED THISday of,	JNDER THE PENALTIES OF PERJURY.
SIGNATURE OF APPLICANT	

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR BILLING. IT SHOULD BE PAID AS CHARGED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.

NAME IN FULL