Application for Water and/or Sewer Abatement

Department of Public Works
28 Poplar Street, Gloucester, MA 01930
Telephone 978 281 9785 Fax 978 281 3896

Please Print:

Property Owner_____ Today's Date_____

Property Address_____ Acct. No._____

Mailing Address_____ Billing Date_____

Application is hereby made for a Water and/or Sewer Abatement for the period from:

_____to_____
Month/Day/Year Month/Day/Year

Charges Assessed_____ Amount Paid_____ Date Paid_____

Are you requesting a Water___ Sewer___ Water & Sewer Abatement____
(*check one*)

Owner's reason for the abatement request (*Please be as specific as possible*)

_____

_____

_____

Are you aware of any pipe or faucet leaks during this billing period? If yes, please describe.

_____

_____

Have the leaks been repaired? _____

Signature of Applicant_____

Telephone _____

The City's Water Regulations stipulate that reports of discolored water shall not be considered for abatement.