

TOWN OF FARMINGDALE
APPLICATION FOR ABATEMENT OF SEWER USER CHARGE

- 1. Name of Owner _____ Account Number _____
- 2. Address _____ Phone _____
- 3. Name of person completing form if other than owner _____
_____ Phone _____

Meter Readings in Cubic Feet or Gallons (Circle One)

1st Quarter – (Jan. Feb. Mar.) _____, 20_____

2nd Quarter – (Apr. May June) _____, 20_____

3rd Quarter – (July Aug. Sept.) _____, 20_____

4th Quarter – (Oct. Nov. Dec.) _____, 20_____

- 4. Reason for and method used to determine abatement

_____ I hereby make written application for abatement of sewer user fee as noted above. The above statements are correct to the best of my knowledge and belief.

Date

Signature

ACTION TAKEN CONCERNING APPLICATION FOR ABATMENT OF SEWER USER FEE

In accordance with the foregoing request an abatement of sewer user charges in the amount of _____, is granted/not granted. If not granted or only partially granted the reason is:

Reviewed by Sewer Advisor Committee

Approved by:

Signature

Date

Selectmen