



Town of Ashland

MASSACHUSETTS

APPLICATION FOR ABATEMENT OF TRASH FEE FISCAL YEAR 2017 (7/1/2016 thru 6/30/2017)

**Instructions: Complete form, sign, date and return to:
Ashland DPW office – ATTN: David Miller - 20 Ponderosa Road, Ashland, MA 01721**

DPW USE ONLY

Discount for property owner, 65 years of age or older (copy of driver's license)

APPROVED: _____

DPW USE ONLY

Proof of Private Hauler (copy of contract or copy of invoice w/ proof of payment)

APPROVED: _____

NAME OF PROPERTY OWNER: _____

APPLICANT NAME: _____

NAME OF APPLICANT (if different from owner): _____

DATE OF BIRTH OF APPLICANT: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

IF APPLICANT IS NOT THE OWNER OF THE PROPERTY OR IS LESS THAN AGE 65, PLEASE EXPLAIN REASON FOR ABATEMENT REQUEST

TRASH BILL #: _____ **BILL DATE:** _____

Applicant is signing this form under the penalties of perjury, which has the legal effect of swearing under oath to the truthfulness of the information contained herein. All items on this form must be completed. Intentional misrepresentation of facts in this application may result in cancellation of your participation in the Town of Ashland's curbside rubbish/recycle removal program. Abatement applications must be received within thirty (30) days of the trash bill date. Applications for abatement will not be considered retroactively for prior fiscal years.

Applicant Signature _____ Date _____