

Application for Abatement or Adjustment

**Town of Ashland, Water & Sewer Bill
Department of Public Works
20 Ponderosa Road
Ashland, MA 01721**

I, _____ of _____
(Your name) (Service Address)

(Phone Number) (Email Address)

(Account number or Bill Number) (Mailing address if different)

Preferred Method of Communication: _____

Request an abatement or adjustment for the billing period _____ due to reason
stated below. (Date of Bill)

Customers who file abatement applications or requests for adjustments are required to have paid **all** uncontested prior bills (including penalties and interest, if applicable) and also make a payment on contested bill. The request for an abatement or adjustment must be received in the **Public Works office** within **30 days** of the date of the bill in dispute.

Customers are encouraged to pay the contested bill on or before the due date to avoid interest charges. DOR guidelines demand that interest charges accrue on accounts with unpaid balances after the due date. The Director of Public Works and/or Review Officer does not have the authority to put an account on "No Finance Charge" status.

(Please check the type of adjustment/abatement)

- Adjustment for difference between the inside and outside meters.
(The inside meter shall take precedence.)
- Adjustment for error or miscalculation in a bill for miscellaneous services (service bills).
- Abatement for Water and Sewer charges for:

Major water leaks that result in a large volume of water:

- The customer must submit a **Repair Company Verification form** as to the cause of the condition, signed by a licensed plumber having personal knowledge of the facts, a copy of the repair bill with proof of payment.

Adjustment for Sewer Charges only:

Initial filling for a brand new pool or complete re-filling due to repair for a swimming pool.
**This adjustment does not apply to seasonal refilling or topping off.*

New pool:

- Initial filling pertains to a brand new pool being installed.
- The customer must submit an abatement application, the capacity of the pool and size, date the pool was installed and date of the water bill reflecting the initial filling.
- A copy of the invoice from the pool company with verification of payment, if professionally installed. If installed by owner, a copy of store invoice with proof of payment.
- A request for an adjustment must be made **within 30 days** of the date of the bill in dispute on which the charge is made. There must be an approved pool permit on file with the Building Department.

Repair to existing pool:

- Complete refilling pertains to the pool being damaged, and needs to be emptied to be repaired.
- The customer must submit an abatement application, repair company verification with the capacity of the pool, type of repair performed and date of the bill in which the refilling of the pool occurred and a copy of the service repair bill from the repair company with verification of payment.
- A request for an adjustment must be made **within 30 days** of the date of the bill in dispute on which the charge is made. There must be an approved pool permit on file with the Building Department.

Abatement/ adjustment for the following reason:

Other information to support this application (Please attach additional sheets if necessary)

Bill Date: _____ Bill Amount: _____

Customer Signature _____ Date _____

Please attach any other supporting documentation.

**Town of Ashland Sewer Abatement
Service Repair Verification**

I, _____
(Repair Company name) (Trade Name if different)

(Repair Company Address)

Have repaired a leak at _____
(Customer's address)

For _____ on _____
(Customer's name) (Date of repair).

Please check all that apply.

- I hereby verify that water usage from that leak did not enter the Town's Sewer System.

- It is my professional opinion the water usage resulting from this plumbing problem resulted in water usage of _____.
(Type of leak. e.g. toilet, irrigation, hot water tank)

- Please add any other additional information you feel is applicable to this incident. (Please use additional paper if necessary)

Service Person Signature _____

License Number _____

Telephone Number _____

This form must be attached to an Application for an Abatement or Adjustment request of a Town of Ashland Water & Sewer Bill with a copy of the service bill as part of the requirement listed in the Abatement Policy.