

Abatement applications must be received within 30 days of issuance of bill.

THE COMMONWEALTH OF MASSACHUSETTS

Town of Deerfield

SEWER USE ABATEMENT APPLICATION
CALENDAR YEAR _____

A. RATEPAYER INFORMATION:

Name: _____ Telephone No: _____

Address: _____

Mailing Address (if different): _____

Email: _____

B. BILL INFORMATION complete using information as it appears on bill:

Fee Year: _____

Fee Date: _____

Issue Date: _____

Bill Number: _____

C. REASON FOR REQUEST FOR ABATEMENT: (attach additional information, if necessary)

D. SIGNATURE:

Signature of Applicant: _____

DATE: _____

DISPOSITION OF APPLICATION

Calendar Year _____

Assessed Amount \$ _____

Bill Number _____

Abatement \$ _____

SELECTBOARD/SEWER COMMISSIONERS
