Submit by Email

TOWN OF STOUGHTON

Water and Sewer Commission

Abatement Application / Request for a Hearing

_____ Sewer _____ Water _____ Trash

Applicant: _____

Describe your legal title or interest in the property (example: owner, tenants, mortgagee, etc.)

_____

Property Address: _____

Mailing Address: _____

Telephone #: _____

Email: _____

Reason for Abatement Request: _____

_____

_____

_____

_____

Tax Year: _____ Bill # _____

The undersigned agrees to attend a hearing that is to be scheduled by the Board of Selectmen or Water and Sewer Commissioners, at which time he/she will have the opportunity to present documents or other evidence supporting the request in support of reduction or cancellation of charges to the above referenced property.

_____ _____

Signature Date

Water and Sewer Commission

Hearing Date with Commissioners: _____

Recommendation:

_____

_____

_____

_____

_____

Water Department Calculations

Amount originally charged _____

Abatement amount _____

Calculated By: _____Date: _____

Board of Selectmen

Decision: _____

_____

_____

Amount Granted: _____

Date Voted: _____ _____ Approved _____ Denied

_____ _____ _____

Chairman Vice Chair

_____ _____