

**CITY OF HAVERHILL
APPLICATION FOR ABATEMENT
WATER/SEWER USAGE CHARGES**

Account Number: _____ Date: _____

Address: _____ Phone Number: _____

To the Water/Wastewater Rating Board

Name of Applicant: _____

Mailing Address: _____

City/State/Zip: _____

The above named person aggrieved by a (Water) (Sewer) (Labor) user charge hereby applies for an abatement.

APPLICATION MUST BE SUBMITTED WITHIN 30 DAYS OF BILL DATE.

Bill Aggrieved:

Water/Wastewater

Date of Bill: _____

Complete statement for reason abatement is requested:

Signature of applicant _____

Please attach repair/parts receipts to this form and mail to:

Haverhill Water/Wastewater Billing & Collections
4 Summer Street, Room #300
Haverhill, MA 01830
Attn: Maureen