

*Town of Fairhaven
Board of Public Works*

*5 Arsene Street
Fairhaven, Massachusetts 02719*

*TEL. 508-979-4030
FAX. 508-979-4086
bpw@fairhaven-ma.gov*



APPLICATION FOR ABATEMENT OF WATER/SEWER BILL

This form must be completely filled out and submitted to:

Town of Fairhaven Water Department
5 Arsene St.
Fairhaven, MA 02719

Name of Applicant _____

Property Address _____

Mailing Address (if different) _____

Phone No. _____

Date of Abatement request _____

Invoice Date _____

Total Amount of Invoice _____

Amount of abatement requested _____

Type of Abatement _____

REASON ABATEMENT SOUGHT: Please explain in detail the reason for the abatement request:

If applicable, any invoice/information received pertaining to this issue from a licensed plumber must be attached to this abatement application.

Signature of Property Owner _____

Date Abatement received _____

Please be advised that should the applicant be denied an abatement by the Water/Sewer Department, per Town of Fairhaven statute, you may appeal this decision to the Board of Public Works.

ABATEMENT APPROVED

ABATEMENT DENIED