

☐ Approved

☐ Denied_

Application for Water Abatement Sudbury Water District 199 Raymond Road P.O. Box 111 Sudbury, MA 01776

www.sudburywater.com customerservice@sudburywater.com

I,(Your name)	of	(Complete Address)
(Your name)		(Complete Adaress)
Service address if different		Phone number:
(Water Bill Amount)	(Account #)	(Water Bill Number)
Abatement request for the billing	period(Date of Wat	due to reason stated below.
Customers who file an abatement penalties and interest, if applicab	application are required	to have no prior outstanding Water bills (including payment of
 Household plumbing fixtuplumbing work requires a repaired by an undergroup Operations/Superintender The leak consumption must abatement. The abatement amount should be calculated at Step A signed and completed V 	ures are required to be replanding permit); leaks and lawn-irrigation professant. In this exceed 100% above the dall be calculated by the dall. Water Abatement Verifick performed and a copy of the properties of the company of the performed and a copy of the performance of the	ater Abatement Form as to the cause of the leak. paired/replaced by a Massachusetts licensed plumber (note; all caused by underground lawn-irrigation equipment are required to be sional. Self-repair (DIY) is subject to approval by the Director of the average usage for the preceding three years to qualify for an difference in steps above 100% usage. Consumption above this 100% incation Form must be submitted together with supporting of the repair bill by your Massachusetts licensed plumber or
If the required payment is amount due over 30 days old.	not made before or at th	he time the application is submitted, late fees may accrue on any
The request for water aba Massachusetts 01776 or electronic	•	a USPS to: Sudbury Water District, P.O. Box 111, Sudbury, omerservice@sudburywater.com.
Other information to support this	application (<i>Please attac</i>	ch additional sheets if necessary)
Customer Signature		Date
	For O	fficial Use Only
☐ Billing Error☐ High Estimated Bill☐ Meter Reading Error		 □ Billing Period Beyond 100 Days □ Extenuating Circumstances □ Faulty Operating Equipment

Sudbury Water District Water Abatement Verification Form

I,	
(Plumber/Underground Irrigation Contractor Name)	(Trade Name if different)
	(Complete Mailing Address)
have repaired a leak at	
	(Customer's Address)
for(Customer's Name)	on
(Customer's Name)	(Date of Repair)
Plumber Permit Number for job	
Please check all that apply.	
It is my professional opinion the water usage re-	sulting from this plumbing problem resulted in water usage
of	gallons.
	s
Please add any other additional information you	feel is applicable to this incident. (Please use additional paper if necessary
Plumber's Signature:	
License Number:	
Telephone Number:	
Underground Lawn-Irrigation	
Contractor's Signature:	
Telephone Number:	

A copy of the Water Bill in question must be attached to the Application for Abatement along with a copy of the plumber's bill to receive abatement for water charge