

Sucbury
Water District

345 Boston Post Road, Suite A • P.O. Box 111 • Sudbury • Massachusetts 01776

p 978-443-6602 • f 978-443-9587 • e customerservice@sudburywater.com • w sudburywater.com

		APPLICATION	FOR ABATEMENT					
Mailing Addr		Your Name		Service Address				
Water Bi	Il Amount:		Account No:					
Request an ab	patement for the bi	lling period of	Billing Period	due to the reasons stated below:				
				e:				
	o file an abatement Interest, if applicable		o have no prior outstandir	ng Water bills (including payment of				
Househ plumbi be repa Water	The customer must submit an Application for Water Abatement Form as to the cause of the leak. Household plumbing fixtures are required to be repaired/replaced by a Massachusetts licensed plumber (note; all plumbing work requires a plumbing permit); leaks caused by underground lawn-irrigation equipment are required to be repaired by an underground lawn-irrigation professional. Self-repair (DIY) is subject to approval by the Sudbury Water District Executive Director, Vincent Roy. The leak consumption must exceed 100% above the average usage for the preceding three years to qualify for							
► The aba	an abatement. The abatement amount shall be calculated by the difference in steps above 100% usage. Consumption above this 100% will be calculated at Step 1.							
A signe docum	ed and completed V entation ie., work p		husetts licensed plumber					

If the required payment is not made before or at the time the application is submitted, late fees may accrue on any amount due over 30 days old.

The request for water abatement may be mailed via USPS to: Sudbury Water District, P.O. Box 111, Sudbury, Massachusetts 01776 or electronically forwarded to: customerservice@sudburywater.com.

Other information to support this application (attach additional sheets if necessary)

BELOW IS FOR OFFICIAL USE ONLY						
	Billing Error High Estimated Bill Meter Reading Error		Billing Period Exceeded 100 Days Faulty Operating Equipment Extenuating Circumstances			
	Approved:		Denied:			



ABATEMENT VERIFICATION FORM

l,	Your Name	of:	Plumbing /Irrigation Company Name
	Your Name		
Mailing Address:		Phone No:	
Have renaired a leak at:		On:	
Have repaired a leak at:	Customers Address		Date of Repair
Plumbing Permit No:			
Foi	r Job		
Diagram of the little of the l			
Please check all that apply: It is my professional opinion t	he water usage resulting	from this nlumbing / law	n irrigation issue resulted
in water usage of:		s nom this planishing / law	m migation issue resulted
<u> </u>	0		
DI 11 11 11:0: 1: f	(].	11 / / / / /	11:1:
Please add any other additional inforr necessary)	nation you feel is applica	able to this incident. (Plea	se use additional paper if
•			
Dlumbar's Signatura			
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 / lawn irrigation contractor's bill to receive abatement for water charge