



Application for Sewer Abatement or Adjustment

Town of Dedham
26 Bryant Street
Dedham, MA 02026
781-751-9150

I, _____ of _____
(Your name) (complete address)

Phone number: _____
(full mailing address if different)

_____ (Account number) _____ (reading period; include from and to read dates)

Request an abatement or adjustment for the billing period _____ due to reason stated below. (Date of Bill)

Customers who file abatement applications or requests for adjustments are required to have paid **all** uncontested prior bills (including penalties and interest, if applicable), and also make a payment on contested bill equal to prior billed amount. The request for an abatement or adjustment must be received in the **Finance Department** within **30 days** of the date of the bill in dispute.

If the required payment is not made before or at the time the application is submitted, interest will accrue on any amount due over 30 days old; regardless if it is being contested or not.

(Please check the type of adjustment/abatement)

Adjustment for Sewer charges:

Major leaks that result in a large volume of water outside of sewer system:

- The customer must submit a **Repair Company Verification form** as to the cause of the condition, signed by a licensed technician having personal knowledge of the facts.
- A copy of bill and proof of payment for repair.
- A request for an adjustment must be made **within 30 days** of the date of the bill in dispute on which the charge is made.

Adjustment for Sewer Charges only:

Initial filling or complete re-filling of water in a swimming pool for following reasons:

- Initial filling pertains to a brand new pool being installed.
- Complete refilling pertains to the pool being damaged, and needs to be emptied.
- The customer must submit an abatement application stating in writing as to the capacity of the pool and date of the bill in which the initial filling occurred.
- The customer must submit a **Repair Company Verification form**, a copy of repair bill and proof of payment for repair.
- A request for an adjustment must be made **within 30 days** of the date of the bill in dispute on which the charge is made. There must be an approved pool permit on file with the Building Department. (*This adjustment does not apply to seasonal refilling or topping off*).

Abatement/adjustment for the following reason other than listed above:

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

Read Period _____ Bill Amount _____
(include from and to read dates)

Customer Signature _____ Date _____

Please attach any other supporting documentation.
Please attach Repair Company Verification Form.

-----**Town Use Only Below This Line**-----

Date received _____

Transmittal from Finance Department:

Sewer Commission response: Approved _____ **Amount** _____ **Denied** _____

Date _____ **Sewer Commissioner** _____

Town of Dedham Sewer Abatement or Adjustment
Repair Company Verification

I, _____
(Repair Technician's name) (Company Name)

(Company Address)

have repaired a leak at _____
(Customer's address)

for _____ on _____
(Customer's name) (Date of repair)

Type of leak: _____

Please check all that apply.

I hereby verify that the usage from the leak did not enter the Town's Sewer System.

Please add any other additional information you feel is applicable to this incident. (Please use additional paper if necessary)

Repair Technician's Signature _____

License Number _____

Telephone Number _____

This form must be attached to an Application for Abatement or Adjustment of sewer charges with a copy of the bill and proof of payment for repair.