



City of Somerville
Request for Abatement Consideration Form
Water & Sewer Department

Account # _____

Property Address: _____

Requestor's Name: _____

Requestor's E-mail: _____

Requestor's Phone: _____

This application is for abatement of Bill number: _____ **Bill date:** _____

Summarize your reason for abatement request below
(please attach any supporting documentation).

Signature of Requestor: _____

Date of Application: _____ **Date Application Received (Office Use Only):** _____

THIS APPLICATION WILL BE REVIEWED AND APPLICANT WILL BE NOTIFIED OF DECISION WITHIN 30 DAYS OF RECEIPT OF APPLICATION. NO ABATEMENT REQUESTS WILL BE CONSIDERED FOR BILLS THAT ARE 45 DAYS PAST THE BILL DATE.

ALL REQUESTS MUST BE PROVIDED IN PERSON, EMAILED TO water@somervillema.gov OR MAILED TO 17 FRANNEY RD, SOMERVILLE, MA 02145.

