

City of Old Town
Pollution Control
Application For Sewer Billing Abatement Request

Date of Request: _____ Sewer Account # _____

Name: _____ Outside Meter Start: _____

Address: _____ Outside Meter Stop: _____

Mailing Address if Different: _____

Telephone: _____

Reason for adjustment request: _____

Applicants Signature: _____

***** Please include any and all receipts as proof of repair.

Return Request To: Old Town Pollution Control Facility
265 Main Street
Old Town ME 04468
827-3970

***** Current sewer bills should be paid in full. Approved abatements will be credited on subsequent bill**

Worksheet (Internal Use Only)

	_____	_____	_____	Disputed Consumption _____
1st Quarter	_____	_____	_____	Average _____
2nd Quarter	_____	_____	_____	
3rd Quarter	_____	_____	_____	Difference _____
4th Quarter	_____	_____	_____	
				X _____ = _____

Total Abatement Granted: _____

Action Taken:

Previous Abatement _____

{ } Request Denied

Amount of Abatement _____

Reason For Denial: _____

Signed: _____

Date: _____