



TOWN OF SOUTHAMPTON
Southampton, Massachusetts 01073

BOARD OF WATER COMMISSIONERS

P. O. Box 379
Southampton, Massachusetts 01073-0379
Tel. 413-532-4249
Fax: 413-315-9264
Email: watersuper@townofsouthampton.org

Thomas J. Gaughan, Superintendent

Application for Water Abatement

Please type or print all information. Attach documents that support the abatement request if necessary. Sign, date and submit to: Southampton Water Department, P.O. Box 379 Southampton MA 01073. Applications must be received within 30 calendar days of the billing due date of the disputed bill. Late applications will be denied. For assistance completing this form contact the Southampton Water Department.

Name of Applicant: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

Account #: _____ Bill #: _____ Bill Dates From: _____ to _____

Amount of Bill: \$ _____

Reason for Abatement Request: _____

Use additional pages and/or attach supporting documents as necessary to explain the issue. Include all supporting documents such as receipts for work, repair company verification form and proof of payment for repairs.

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 in full on contested bill. The request for an abatement or adjustment must be received in the Water Department office within **30 days** of date of the bill in dispute.

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

Signature of Applicant: _____ Date: _____

Town of Southampton Water Department use only:

Abatement Request Reviewed by: _____ Date Reviewed: _____

Comments: _____

Recommendation: _____ Approve _____ Disapprove

Action Taken: _____ Approve _____ Disapproved

If Approved Amount Abated: \$ _____

Approval/Disapproval Date: _____

Signature(s): _____

FURTHER NOTES AND COMMENTS BY WATER COMMISSION:

Town of Southampton Water Department
Repair Verification Form
for Water Abatement Application

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

(Company Address)

Have repaired a leak at _____
(Customer's Address)

for _____ on _____
(Customer Name) (Date of Repair)

Type of Problem Found: (please explain)

Please attach any additional information you feel is applicable to this incident.

Repair Technician's Signature: _____

License Number: _____

Telephone Number: _____

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