



# TOWN OF WAYLAND

## WASTEWATER MANAGEMENT DISTRICT COMMISSION

### Application for Abatement of Sewer Betterment Assessment 2014 Wastewater Treatment Facility Replacement Project

*\* Must be received by the Wastewater Management District Commission by February 5, 2015 \**

Account #: \_\_\_\_\_ Amount of Betterment Assessment: \$ \_\_\_\_\_

NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

BILLING ADDRESS (if different): \_\_\_\_\_

PHONE NUMBER FOR CONTACT: \_\_\_\_\_  Home  Work  Cell

I am requesting abatement of my Betterment Assessment for the following reason:

- 1. The amount of the assessment is more than the enhanced value of the property, or reflects a disproportionate allocation of the cost of the project when compared to other benefited properties. *(Please explain below)*

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- 2. The stated design flow is incorrect. The assigned design flow for my property should be \_\_\_\_\_ gallons per day. *(Please explain below)*

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- 3. Administrative Error/Other. *(Please explain below)*

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**Hearing**

I wish to be present when the Commission considers my abatement. Please contact me regarding the date and time.

I waive my right to be present when the Commission considers my abatement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Wastewater Management District Commission Use Only*

**Commission Decision**

Abatement approved, for the amount of \$ \_\_\_\_\_

Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_