TOWN OF WAYLAND

WASTEWATER MANAGEMENT DISTRICT COMMISSION

Application for Abatement of Sewer Usage Charges

** Must be received by WWMDC within 30 days of the bill date **

Account #: _____ Amount of Bill: $_____

Billing Date: ___/___/20___ Billing Period: *from* ___/___/20___ *to* ___/___/20___

NAME: _____

PROPERTY ADDRESS: _____

BILLING ADDRESS (if different): _____

PHONE NUMBER FOR CONTACT: _____ □ Home □Work □ Cell

I am requesting abatement of my sewer use bill for the noted reasons:

□ 1. Water usage is incorrect. The Water Department or Board of Public Works has abated my water bill to _____cubic feet.

□ 2. The stated design flow capacity is incorrect. The assigned design capacity for my property is _____ gallons per day. (*Please explain below*)

_____

_____

_____

_____

□ 3. Administrative Billing Error (*Please explain below*)

_____

_____

_____

_____

☐ 4. Major Leak Repair or Filling of a Swimming Pool

Please submit a completed *Major Repair/Excess Water Usage Verification* form with any supporting documentation.

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 _____

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Wastewater Management District Commission Use Only

Commission Decision

☐ Abatement approved, for the amount of $_____

☐ Denied

Comments: _____

_____

_____

Payment Due

☐ Payment due by applicant to WWMDC (including interest and penalties): $_____

☐ Refund due to applicant: $_____

Signature_____ Date _____