

Property Owner: _____
Contact Name: _____
Property Location: _____
Mailing Address: _____
(Include Zipcode) _____

BILL NO: _____
SECOND HOME: ☐ YES ☐ NO
Phone (Days) _____
Phone (Nights) _____

Reason for Abatement Request: [] FINANCIAL HARDSHIP [] DISABILITY HARDSHIP [] OTHER:
USE THIS SPACE FOR MORE INFORMATION OR SEPARATE SHEET OF PAPER:

Financial Hardship Applications:

Number of People currently living in your household: _____
 Total Annual Family Income: \$ _____
*(include income of **all** members of household)*

Applications must include documentation for every member contributing to the household earnings.

(Indicate types of proof included):

____ Current Tax Return (signed) ____ Unemployment Earnings ____ SSI Notice ____ Other
Proof of Age Over 65 (Birth certificate or Photo ID if applying for Financial Hardship Assistance)

Trash Fee Applications:

Trash removal arrangements must be made with a licensed business/individual for whom trash hauling/disposal constitutes a major part of their business. A current contract for trash removal covering the period to be abated and signed by both parties must be obtained and included with this application.

Trash Hauler: _____ Frequency of Pickup: _____
Address: _____ Container Type: _____
Disposal Area Used: _____

SIGNATURE OF APPLICANT REQUIRED: *(Applications MUST be signed to be reviewed.)*

Date:

OFFICE USE ONLY	Comments/Recommendation:
FY BILL – [FIRST HALF SECOND HALF	

DESCRIPTION	Orig Billed:	Abate/Exempt:	Adjusted Billed:
WATER			
SEWER			
SERVICE			
TRASH			
OTHER			
TOTAL:			

Chairman, BPW _____ Date: _____ ☐ Approved
☐ Disapproved **

Note: If seeking interest adjustment, the bill **MUST BE PAID IN FULL** to stop interest from accruing before filing for adjustment.

For Assistance Trash Related, call – Donna Loomis, SW Adm. Clerk @ 781-834-5565 –Financial Hardship Related, call Kathleen Maresco, Wtr Adm.Clerk – 781-834-5589; all other, Donna Beals 781-834-5592