CONFIDENTIAL APPLICATION FOR UTILITY ABATEMENT CONFIDENTIAL

Property Owner: _____ **BILL NO:** _____
Contact Name: _____ **SECOND HOME: [ ] YES [ ] NO**
Property Location: _____ **Phone (Days)** _____
Mailing Address: _____ **Phone (Nights)** _____
(Include Zipcode) _____

Reason for Abatement Request: [ ] FINANCIAL HARDSHIP [ ] DISABILITY HARDSHIP [ ] OTHER:
USE THIS SPACE FOR MORE INFORMATION 0R 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:			

_____ _____ [ ]Approved
Chairman, BPW Date: [ ] Disapproved **

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

For assistance please call Michelle Cavilla - (781) 834-5589