**Town of Conway**

Sewer Department

Sewer Usage Abatement Request

128 West Main Street. Conway, NH 03818

Phone: 603-447-5470; Fax: 603-447-3271

*This Institution is an Equal Opportunity Provider*

***Abatement Policy: It shall be the policy of the Town of Conway to abate sewer usage for customers who suffer an extreme leek that causes an excessive amount of water to flow through their water meter but that in no way enters the Town of Conway Sewer system. Please refer to the complete policy.***

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Owner Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Where Incident Occurred\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address If Different\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date First Reported to the Town Sewer Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you filing an insurance claim for damages \_\_\_\_ Yes \_\_\_\_No

If yes, with which Insurance Company (name and phone number)

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Please provide a detailed description of the incident, attach any documentation and pictures verifying incident as well as any additional comments (if more room is needed, please attach additional sheets) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Abatement amount requested $\_\_\_\_\_\_\_\_\_\_\_ Abatement amount calculated $\_\_\_\_\_\_\_\_\_\_\_\_\_

*The filing of this request does not relieve the customer of their water/sewer bill. It should be paid as billed. Adjustments to accounts will be applied as a credit if abatement is approved.*

All request will be reviewed by the Board of Selectmen, abatements are granted upon the Board’s approval.

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*FOR OFFICE USE ONLY*

Denial Date \_\_\_\_\_\_\_\_\_\_\_\_\_
Approval Date \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Approved $\_\_\_\_\_\_\_\_\_\_\_
 *Approval Signature*