

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 leak 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)

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) _____

Abatement amount requested \$ _____

The filing of this request does not relieve the customer of their water/sewer bill. It should be paid as billed. Adjustments to account 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.

FOR OFFICE USE ONLY

Approval Date _____

Approval Signature