



CITY OF CHICOPEE

DEPARTMENT OF PUBLIC WORKS



ABATEMENT REQUEST/NOTIFICATION

DATE OF REQUEST: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

BILLING DATE(S) _____ BILL NUMBER _____

REASON FOR ABATEMENT: _____

POOL SIZE (IF APPLICABLE): _____

AMOUNT OF ABATEMENT: _____ \$ _____
CUBIC FEET OR GALLONS DOLLAR AMOUNT

PREPARED BY: _____

TO BE COMPLETED BY WATER & SEWER COMMISSION

THE CITY OF CHICOPEE, BOARD OF WATER & SEWER COMMISSIONERS HAS VOTED TO:

APPROVE _____ DISAPPROVE _____ YOUR REQUEST FOR A SEWER ABATEMENT

IN THE AMOUNT OF \$ _____ DATE _____

Water Pollution Control