

City of Old Town  
Pollution Control  
Application For Sewer Billing Abatement Request

Date of Request: \_\_\_\_\_ Sewer Account # \_\_\_\_\_

Name: \_\_\_\_\_ Outside Meter Start: \_\_\_\_\_

Address: \_\_\_\_\_ Outside Meter Stop: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for adjustment request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

\*\*\*\*\* Please include any and all receipts as proof of repair.

Return Request To: Old Town Pollution Control Facility  
265 Main Street  
Old Town ME 04468  
827-3970

**\*\*\* Current sewer bills should be paid in full. Approved abatements will be credited on subsequent bill**

**Worksheet (Internal Use Only)**

	_____	_____	_____	Disputed Consumption _____
1st Quarter	_____	_____	_____	Average _____
2nd Quarter	_____	_____	_____	
3rd Quarter	_____	_____	_____	Difference _____
4th Quarter	_____	_____	_____	
				X _____ = _____

Total Abatement Granted: \_\_\_\_\_

Action Taken:

Previous Abatement \_\_\_\_\_

{ } Request Denied

Amount of Abatement \_\_\_\_\_

Reason For Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_