

Town of Cheshire

191 Church Street | Cheshire, Massachusetts 01225
 Phone (413) 743-1690 | Fax (413) 743-0389

www.cheshire-ma.gov

**WATER DEPARTMENT**

INFORMATION ABOUT THE ABATEMENT PROCEDURE

An abatement is a reduction in the amount billed for water charges for the billing cycle. To dispute your recorded usage, charges billed, or to correct any other billing problems that caused your bill to be higher than you believe it should be, you must apply for an abatement of your charges. The more information that you can provide the Water Commissioners in regard to your dispute, the better. All water will be assessed to the bill whether used, wasted, or lost by leakage. Please keep in mind that the Cheshire Water Department is not responsible for notifying residents of having abnormally high usage. It is the responsibility of the homeowner to properly maintain plumbing and pipes to avoid usage leaks and burst pipes. Monitor your meter usage regularly. Abatements for water leaks, although possible, are rare and exceptional. If the Commissioners determine to grant relief on a water bill, it is a one-time forgiveness for the property and homeowner per situation.

Your application must be filed with the Water Department on or before the due date of the charges being disputed. All disputes will be reviewed, approved and/or denied by the Water Commissioners at their next scheduled meeting date. Call to obtain meeting information.

APPLICATION FOR PARTIAL ABATEMENT OF WATER BILL

This form must be completely filled out and submitted to: The Cheshire Water Department

**1) TAXPAYER INFORMATION:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Assessed Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Status of Applicant (if other than Assessed Owner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone #: Email:

**2) PROPERTY IDENTIFICATION:**

Property Address:

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Due Date:

Total Amount of Bill: $\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Amount of Abatement Requested: $\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**3) REASON ABATEMENT SOUGHT: Please explain in detail the reason for the abatement request:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, under the penalties of perjury.

WATER BILLS ARE PAYABLE BY THE DUE DATE INDICATED. A REQUEST FOR ABATEMENT DOES NOT RELEASE THE APPLICANT’S REPONSIBILITY FOR TIMELY PAYMENT. APPROVED ABATEMENTS WILL BE CREDITED TO THE APPLICANT’S ACCOUNT.



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**DISPOSITION OF APPLICATION (Office Use Only)**

Circle One: Abatement Granted Abatement Denied

Meeting Date: Name:

Due Date of Bill: Address:

Total Billed Amount: $ Acct #:

Abatement Requested: $

Abatement Granted: $

Total Amount Due: $

Approved by Water Commissioners:

Rick Gurney – Chair

Stephen Lafogg – Member

Colin Haas – Member

Billing Adjustment Date:

Description of Changes:

Done By: