



TOWN OF HUDSON

Sewer Utility Department



12 School Street, Hudson, New Hampshire 03051

603-886-6029

APPLICATION FOR SEWER ABATEMENT REQUEST

ABATEMENT # _____

*****APPLICANT MUST FILL IN THE SPACES BELOW AND SIGN*****

Sewer Acct# _____ Date: _____

Name of Applicant _____

Name of Property Owner _____

Address of Property _____

Map/Lot _____ Water Source, Metered Yes / No _____ Other _____

I/We request an abatement of sewer charges on the property listed above for the bill period _____, for the following reason (s): _____

Signature of Applicant (s): _____ Date: _____

_____ Date: _____

Mailing Address: _____ Phone # _____

****RETURN COMPLETED APPLICATION TO THE SEWER UTILITY OFFICE****

Do Not Write Below This Line – Office Use Only

Date Received _____ Signed _____

Type of Request: Sewer Rents _____ Capital Assessment _____ Betterment Assessment _____

Total Abatement Amount \$ _____ Paid Amount \$ _____

Accounts Receivable Amount \$ _____ Refund Amount \$ _____

ABATEMENT PROGRESS REPORT

1. Date of Filing: _____ Utility Clerk: _____

Accuracy check, corrections, and deficiencies: _____

2. In the event of Lien Fees – Tax Collector Recommendation: _____

_____ Signed: _____

3. Date received by the Finance Director: _____

Recommendations: _____

_____ Signed: _____

4. Date Reviewed by Municipal Utility Committee: _____

Actions and Recommendations taken by the Municipal Utility Committee: _____

_____ Signed: _____
Chairman

APPROVE _____

DENY _____

Recommended Total Abatement Amount: \$ _____

Recommended Refund Amount: \$ _____

Date of Municipal Utility Committee Action: _____

5. Action taken by Board of Selectmen: APPROVE _____ DENY _____

6. Date Notification Letter Sent to Applicant: _____