



# North Conway Water Precinct

## APPLICATION FOR WATER/SEWER ABATEMENT

Date of Abatement Request: _____		
Abatement Type Requested:	WATER	SEWER
Name:	_____	
Mailing Address:	_____	
Service Address:	_____	
Phone Number:	_____	Email Address: _____
Water / Sewer Billing Account #:	_____	
Requested period for abatement:	_____	
Requested amount of abatement:	_____	
Has the amount requested for abatement been paid already?	YES	NO
Reason for abatement request:          		
Applicant Signature: _____	Date: _____	
Printed Name: _____		

### FOR PRECINCT USE BELOW:

Abatement Allowed	YES	NO	Date: _____
_____			
_____			
_____			

Board of Commissioners

**NOTE:** The filing of this Application for Abatement does not stay the collection of your Water / Sewer bill. You are still obligated to pay the amount due as billed, and any interest that may accrue. If request for abatement is approved, the Town will provide refund for payments received upon abatement approval.