

# York Sewer District Abatement Request Form

INSTRUCTIONS: Please type or legibly print all information. Attach documentation that supports the abatement request if necessary. Sign, date, and submit to: York Sewer District, PO Box 1039, York Beach, ME 03910 or email to [munis@yorksewerdistrict.org](mailto:munis@yorksewerdistrict.org). Applications must be received within 30 calendar days of the billing date of the disputed bill. Late applications will be returned.

*For assistance in completing this form contact the York Sewer District at (207)363-4232.*

Name of Applicant: \_\_\_\_\_

Service Address: \_\_\_\_\_

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

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

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Account #: \_\_\_\_\_ Billing period from \_\_\_\_\_ to \_\_\_\_\_

Amount of Bill: \$ \_\_\_\_\_

Reasons for Abatement Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Use additional pages and/or attach supporting documents if needed.)**

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

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

*Do not write below this line*

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**Office Use Only:**

Reviewed by: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation: \_\_\_\_\_ Approve \_\_\_\_\_ Disapprove

Action Taken: \_\_\_\_\_ Approved Amount \$ \_\_\_\_\_

Approval/Disapproval Date: \_\_\_\_\_

Signature \_\_\_\_\_