



Town of Farmington
Water and Sewer Department
(603) 755-4883

Map # _____

Lot # _____

Zoning _____

**Application for Water/Sewer
Abatement**

Location (Street # & Street Name): _____

Type of Abatement requested: _____ **Water:** _____ **Sewer:** _____

Owner: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

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 Town Use Only:

Abatement granted: Yes: _____ No: _____ Date: _____

Board of Selectmen

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.