Must be filed with the Water Pollution Control Board within six months from date of Notice.

THE COMMONWEALTH OF MASSACHUSETTS **TOWN OF BARNSTABLE**

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Ward	Page	Line

APPLICATION FOR ABATEMENT OF SEWER USAGE TAX

20__

To the Board of Water Poll	ution Control:			
NAME OF APPLICANT			Phone #	
POST-OFFICE ADDRES	s			
The above-named pe	erson aggrieved by a 20 Sewer Usa	age Tax hereby applies for an a	abatement.	
NAME OF PERSON ASSES	SED		20	
Location and Description o	of Property No. of street, Plan, or Lot, and	Acre of land accutate to ident		
Betterment	Tax Assessed \$	Amount paid \$		
Tax Paid by			on	
IF THE APPLICANT IS NOT TH	HE PERSON ASSESSED, what is the appli		2	
	Wher	n was such interest acquired?	Specify:	
Present ownership, morgage or Complete statement of reason			Date	
- '	CONTENTIONS OF L	AW RAISED		
SUBSCRIBED THIS	day of, 20	, UNDER THE PENA	LTIES OF PERJURY.	
SIGNATURE OF APPL	ICANT			
		NAME IN FULL		
THE FILING OF THIS APPLI	CATION DOES NOT STAY THE COLL	LECTION OF YOUR TAX. IT	SHOULD BE PAID AS	

ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.