

MUST BE FILED WITH THE HARWICH BOARD OF WATER COMMISSIONERS NO LATER THAN THE DUE DATE OF FIRST ACTUAL (NOT PRELIMINARY) TAX PAYMENT FOR FISCAL YEAR OF WHICH THE WATER CHARGE BECAME A PART.

STATE TAX FORM 126-S-W

| |
|----------------------------|
| DO NOT WRITE IN THIS SPACE |
| RECEIVED _____ |
| SERVICE # _____ |

20_____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF HARWICH
APPLICATION FOR ABATEMENT
WATER USE CHARGE

To the Board of Water Commissioners:

NAME OF APPLICANT _____

MAILING ADDRESS _____

The above named person aggrieved by a Water use charge dated _____, 20_____ hereby applies for an abatement.

NAME OF PERSON ASSESSED (OWNER) _____

LOCATION AND DESCRIPTION OF PROPERTY – NO. OF STREET, PLAN, OR LOT AND AREA OF LAND
DESCRIPTION MUST BE SUFFICIENTLY ACCURATE TO IDENTIFY THE PREMISES.

WATER USE CHARGE _____ ASSESSED \$ _____ AMOUNT PAID \$ _____

CHARGE PAID BY _____ ON _____, 20_____

IF THE APPLICANT IS NOT THE PERSON ASSESSED, WHAT IS THE APPLICANT'S INTEREST IN THE PROPERTY?

_____ WHEN WAS SUCH INTEREST ACQUIRED? _____
(SPECIFY PRESENT OWNERSHIP, MORTGAGE OR OTHER INTEREST)

COMPLETE STATEMENT FOR THIS APPLICATION (ATTACH ADDITIONAL SHEET IF NECESSARY) _____

CONTENTIONS OF LAW RAISED (ATTACH ADDITIONAL SHEET IF NECESSARY)

SUBSCRIBED THIS _____ DAY OF _____, 20_____ UNDER PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT _____
NAME IN FULL

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF THE CHARGE. IT SHOULD BE PAID AS ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED.

RECOMMENDATION:

BOARD OF WATER COMMISSIONERS

APPROVE DENY

| DATE | SIGNATURE |
|-------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |