



# CITY OF CHICOPEE WATER DEPARTMENT

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## ABATEMENT / REFUND REQUEST FORM

ACCOUNT #

ACCOUNT NAME:

PROPERTY ADDRESS:

MAILING ADDRESS:

PHONE NUMBER:

BILLING DATE: \_\_\_\_\_

BILLING PERIOD: From \_\_\_\_\_ to \_\_\_\_\_

REASON FOR ABATEMENT / REFUND (Attach Documentation):

### (CALCULATION FOR ABATEMENT / REFUND REQUEST):

AMOUNT OF ABATEMENT: \_\_\_\_\_ CUFT \_\_\_\_\_ DOLLARS

AMOUNT OF REFUND: \_\_\_\_\_ CUFT \_\_\_\_\_ DOLLARS

CURRENT READING: \_\_\_\_\_

PREPARED BY

DATE:

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(OFFICE USE ONLY)

### ABATEMENT / REFUND DETERMINATION

This request was reviewed on (date): \_\_\_\_\_ and was:

**GRANTED** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**TABLED** \_\_\_\_\_

\*\*\* FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF CHARGES. TO AVOID POSSIBLE LOSS OF APPEAL RIGHTS, THE ADDITION OF PENALTIES TO THE BALANCE DUE, OR WATER/SEWER LIENS ON YOUR PROPERTY PLEASE MAKE FULL PAYMENT.