

Property Owner: _____
Contact Name: _____
Mailing Address: _____
(include zip code) _____

Account No: _____
Second Home: _____
[] Yes [] No
Phone-Day: (____) _____
Phone-Eve: (____) _____

Property Location: _____
Reason for Abatement Request: _____

Financial Hardship Applications:

Number of People currently living in your household: _____

Total Annual Family Income: _____

(include income of all members of household)

Applications must include documentation for every member contributing to the household earnings.

(Indicate types of proof included):

___ Current Tax Return (signed) ___ Unemployment Earnings ___ SSI Notice ___ Other

Trash Fee Applications:

Trash removal arrangements must be made with a licensed business/individual for whom trash hauling/disposal constitutes a major part of their business. A current contract for trash removal covering the period to be abated and signed by both parties must be obtained and included with this application.

Trash Hauler: _____ Frequency of Pickup: _____

Address: _____ Container Type: _____

Disposal Area Used: _____

Telephone: (____) _____

* SIGNATURE OF APPLICANT REQUIRED: (NOTE: Applications MUST be signed to be reviewed.) *

_____ Date: _____

OFFICE USE ONLY

Comments/Recommendation:

FY ____ - ____ Half

Table with 4 columns: Amount, Billed, Due, For Approval. Rows for Water, Sewer, Trash, Interest, Other.

This application has been:
[] Approved [] Denied
by the Board of Public Works
of Department of Public Works
this ___ day of ____, 20__.

Chairman, BPW Date

RECOMMENDED ABATEMENT: \$ _____

MAIL TO: DPW - ABATEMENTS For Help or Assistance, call - Trash: Carol Hoy (781) 834-5565
870 Moraine Street Other: Cheryl Dunn (781) 834-5589
Marshfield, MA 02050