



CONCORD PUBLIC WORKS -ENGINEERING DIVISION

133 Keyes Road
Concord, Massachusetts 01742

APPLICATION FOR ABATEMENT OR ADJUSTMENT

This form is intended for property owners in Concord who believe their stormwater enterprise fee has been calculated in error to apply for an abatement or adjustment. All fields must be filled out completely and applicable supporting documents must be attached.

INSTRUCTIONS:

- This form must be signed by the property owner of record or the financially responsible individual, officer, director, partner, or registered agent with authority to execute instruments for the owner of record.
- Completed applications can be mailed or hand delivered to:
Concord Public Works
Engineering Division
133 Keyes Road
Concord, Massachusetts 01742

PARCEL OWNER INFORMATION	
Mailing Address:	Owner Name:
	Email:
	Phone Number:
Property Address (if different from mailing address):	Impervious Area Managed (SF):
Stormwater Account Number:	Parcel ID:

BILLING PERIOD: Request an abatement or adjustment for the billing period _____
(date of bill) due to the reason(s) stated below.

Customers who file abatement applications or requests for adjustments are required to have paid **all** uncontested prior bills (including penalties and interest, if applicable) and to have made a payment on the contested bill. The request for an abatement or adjustment must be received in the **Concord Public Works office** within **30 days** of the date of the bill in dispute.

Customers are encouraged to pay the contested bill on or before the due date to avoid interest charges. DOR guidelines demand that interest charges accrue on accounts with unpaid balances after the due date. The Director of Public Works and/or Review Officer does not have the authority to put an account on "No Finance Charge" status.

REASON FOR ABATEMENT/ADJUSTMENT

Please check the type of adjustment/abatement:

- Abatement for stormwater enterprise discount/credit not applied
- Adjustment for error or miscalculation in a bill (i.e. incorrect impervious area delineation)
- Abatement/adjustment for the following reason:

Other information to support this application (please attach additional sheets if necessary):

Bill Date: _____ **Bill Amount:** _____
Customer Signature: _____ **Date:** _____

Please attach any other supporting documentation.

For questions or assistance with this application, please call 978-318-3210