



Town of Orleans Water/Sewer Department

19 SCHOOL ROAD
ORLEANS, MA 02653

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Todd O. Bunzick, SUPERINTENDENT
Daniel Sullivan-Xenos, PROJECT MANAGER

BOARD OF WATER/SEWER COMMISSIONERS

APPLICATION FOR A SEWER BETTERMENT ABATEMENT

Provide this completed from along with supporting documentation to the Water Department

Name of Applicant: _____

Property Location: _____

Mailing Address (if different): _____

Map: _____ Lot/Parcel: _____ Water Billing Account number: _____

Sewer Betterment Assessment: _____

Amount requested to be abated: _____

Reason for request: _____

Documentation supporting request attached? Yes _____ No _____

(Such as an official record of water use over a substantial period of time that documents volume or flow that does not result in load to the sewer, i.e. an irrigation meter.

Documentation should contain enough information to determine why the betterment value should be changed and what the adjusted water usage should be.)

Signature of Applicant: _____

Date: _____

Phone Number: _____

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TO BE COMPLETED BY TOWN STAFF:

Date received: _____

Adjusted average water use (gpd): _____

BWSC/Staff decision date: _____

Betterment revised/not revised: _____