# York Sewer District Abatement Request Form

INSTRUCTIONS: Please type or legibly print all information. Attach documentation that supports the abatement request if necessary. Sign, date, and submit to: York Sewer District, PO Box 1039, York Beach, ME 03910 or email to [munis@yorksewerdistrict.org](mailto:munis@yorksewerdistrict.org). Applications must be received within 30 calendar days of the billing date of the disputed bill. Late applications will be returned.

***For assistance in completing this form contact the York Sewer District at (207)363-4232.***

Name of Applicant: Service Address: Mailing Address: Telephone Number:

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Account #: Billing period from to Amount of Bill: $

Reasons for Abatement Request:

**(Use additional pages and/or attach supporting documents if needed.)**

Subscribed this day of 20 under penalties of perjury.

Signature of Applicant:

***Do not write below this line***

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# Office Use Only:

Reviewed by: Date of Review:

Comments:

Recommendation: Approve Disapprove

Action Taken: Approved Amount $

Approval/Disapproval Date: Signature