

NORWAY SEWER USE ORDINANCE

TOWN OF NORWAY

APPLICATION FOR SEWER ABATEMENT

Date: _____ Application Number: _____

Account Number: _____

Customer Name: _____ Phone# _____

Mailing Address: _____

Contact Person: _____ Phone # _____

Property Address: _____

Mailing Address: _____

Reason for sewer Abatement: _____

Signature of Applicant: _____ .Date: _____

For Abatements of water volumes caused by leaks that were Not discharged to the sewer. This includes leaks on outdoor water pipes or pipes prior to plumbing fixtures. This does not include leaking toilet valves or faucets.

Office use only:

Account #: _____ Date of bill: _____ Billing period from: _____ to _____

Amount of bill: _____ Amount of abatement: _____

Reviewed by: _____ Date: _____

Comments: _____

Recommendation: Approve: _____ Denied: _____ Amount: _____

Norway Select-board chair signature:

_____ Date: _____

Approved: _____ Denied: _____