

DATE RECEIVED:

**CITY OF ATTLEBORO SOLID WASTE
DISPOSAL ABATEMENT REQUEST FORM**

Name _____ Telephone _____

Address _____

Utility Account Number _____ Bill # _____

Addit. Bill # _____

Period of Abatement: From _____ To _____

Reason for Abatement (Please check one)

- Vacancy -Number of Units APPLYING FOR: _____
- Contracted Removal – Name of Contractor: _____
- Other (briefly explain below)

Please attach copies of the following information to this application

- Most recent City of Attleboro utility bill
- Copies of your most recent electric bill demonstrating a period of vacancy for period of abatement.
- A copy of your contract with a private rubbish/recycling removal company.
- Any other documentation you can provide to establish a period of vacancy

I hereby certify that I do not use the City of Attleboro Trash/Recycling program on the units listed above. Abatement(s) are posted to account(s) within 5 business days of receipt.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Total number of housing unit's _____

Number of units eligible for abatement _____

| | | |
|----------------------------|----------------------------|---------------------------|
| Date of bill _____ | Date of bill _____ | Date of bill _____ |
| Bill # _____ | Bill # _____ | Bill # _____ |
| Amt. billed \$ _____ | Amt. billed \$ _____ | Amt. billed \$ _____ |
| Amt. of abatement \$ _____ | Amt. of abatement \$ _____ | Amt. billed \$ _____ |
| Approved | Approved | Approved |
| Denied (See reason below) | Denied (see reason below) | Denied (see reason below) |

Approved Signature

Date