

DATE RECEIVED:

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

Name _____ Telephone _____

Address _____

Utility Account Number _____ 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
- A copy of your most recent electric bill demonstrating a period of vacancy
- 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 _____ Amount billed \$ _____

Amount of abatement \$ _____ Balance due \$ _____

- Approved
- Denied (See reason below)

Approved Signature

Date