

**BOSTON WATER & SEWER COMMISSION
SEWER ABATEMENT PROGRAM APPLICATION**

DATE: _____

ACCOUNT #: _____

WARD: _____

CUSTOMER NAME: _____ PHONE #: _____

PROPERTY ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____

MAILING ADDRESS: _____

FOR BWSC USE ONLY

Master Meter Information:

Size: _____ Manufacturer: _____ (Cu. Ft.)
Type: _____
Serial #: _____
Location: _____
ARB/MTU Location: _____
Read: _____

Abatement Meter Information:

Size: _____ Manufacturer: _____ (Cu. Ft.)
Type: _____
Serial #: _____
Seal #: _____
Location: _____
ARB/MTU Location: _____
MTU #: _____
Read: _____

Discharge Meter

Size: _____ Manufacturer: _____ (Cu. Ft.)
Type: _____
Serial#: _____
Seal#: _____
Location: _____
MTU Locaton: _____
Read: _____

Backflow Prevention Device:

Type: _____
Manufacturer: _____
Size: _____
Serial: _____
Location: _____

Size: _____ Manufacturer: _____ (Cu. Ft.)
Type: _____
Serial#: _____
Seal#: _____
Location: _____
MTU Location: _____
Read: _____

COMMENTS: _____

Seasonal: Yes: _____ No: _____

MTU Fee Paid: \$ _____ **Date Paid:** _____ **No. of MTU (s):** _____ **Receipt No.:** _____

ABATEMENT APPROVAL DATE: _____

AUTHORIZED SIGNATURE: _____

MTU Receipt No.: _____

SEWER ABATEMENT APPLICATION DRAWING SHEET

CUSTOMER NAME: _____

PROPERTY ADDRESS: _____ WARD: _____

*****Drawing does not have to be to scale ; Please be as neat and legible as possible*****

Company: _____ License #: _____

Address: _____

Phone # _____ Fax# _____ Cell# _____