

Boston Water and Sewer Commission

980 Harrison Avenue
Boston, MA 02119
617-989-7299
Fax: 617-989-7759



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: _____
MTU Location: _____
Read: _____

Discharge Meter

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

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

Abatement Meter Information:

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

Backflow Prevention Device:

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

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#** _____

Submit to: Boston Water and Sewer Commission
Enforcement Division
980 Harrison Ave.
Boston, MA 02119

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