



Department of Public Works  
 City of Leominster, Massachusetts 01453  
 109 Graham Street  
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**APPLICATION FOR ABATEMENT**

NAME(S) OF PROPERTY OWNERS(S) \_\_\_\_\_

PHONE NUMBER OR EMAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF REAL ESTATE UPON WHICH ABATEMENT IS REQUESTED \_\_\_\_\_

TYPE OF ABATEMENT REQUESTED (WATER,SEWER, ETC) \_\_\_\_\_

AMOUNT OF BILL \_\_\_\_\_ DATE \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT(S) SIGNATURE

\_\_\_\_\_  
 DATE

**ALL APPLICATIONS MUST INCLUDE RECEIPTS FOR REPAIR(S)  
 IF APPLICABLE**

**FOR DEPARTMENT OF PUBLIC WORKS USE ONLY:**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

REMARKS \_\_\_\_\_  
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 \_\_\_\_\_

DATE \_\_\_\_\_ JACOB FLEMING, BUSINESS MANAGER