



TOWN OF HUDSON  
 DEPARTMENT OF PUBLIC WORKS  
 1 MUNICIPAL DRIVE, Hudson, MA. 01749  
 TEL. 978 562 9333  
 FAX. 978 568 9612

# Request for Stormwater Utility Abatement Form

\*Red Asterisk indicates required fields or attachments.

For your request to be considered complete, you must fill in required fields, and attach/upload required documents.

## PART I: GENERAL INFORMATION

*Name		*Email	*Phone Number
Owner Address	City	State	Zip Code
<input type="checkbox"/> Check here if the Owner address is the same as the service address in Part II.			

## PART II: ACCOUNT INFORMATION

*Account Number	*Service Address	*Tier	*Rate (within 30 days)
-----------------	------------------	-------	------------------------

## PART III: ABATEMENT REQUEST

\*Choose all that apply

<input type="checkbox"/> Tier change to:	<input type="checkbox"/> New Multiplier: New multiplier amount	<input type="checkbox"/> Rate Change \$ Rate Change Amount (\$)
--	---	--

**\*Reason for Change**  
 (\*Select at least one category below)

<input type="checkbox"/> Inaccurate Impervious Area	<input type="checkbox"/> Inaccurate Rate or Tier	<input type="checkbox"/> Duplicate Charge
<input type="checkbox"/> Other		

\*Explanation of change

**Attachments/Uploads:**

<input type="checkbox"/> *Receipt of Stormwater Utility Payment	<input type="checkbox"/> *Copy of Bill(s) (within 30 days)
<input type="checkbox"/> *Professional Engineer Stamped Plans	<input type="checkbox"/> Other documented proof

## Signature

*Applicant Signature	*Date
----------------------	-------

## PART IV: DPW DETERMINATION

FOR OFFICE USE ONLY	
The abatement is:	
<input type="checkbox"/> Approved. Amount \$ <input type="checkbox"/> Partially Approved. Amount \$ <input type="checkbox"/> Denied, because	
DPW Director Signature	*Date

<sup>1</sup>The decision is due within 60 Days when abatement is received.