



TROY WATER/SEWER DEPARTMENT
P.O. BOX 215 - 151 DORT ST
TROY, NH 03465
(603) 242-7722

ABATEMENT REQUEST

Name: _____ Address: _____

Water Sewer Account # _____ Date of request: _____

Total Account Balance: \$ _____

Water Bal.: \$ _____ Sewer Bal.: \$ _____ Fee Bal.: \$ _____

I request an abatement in the amount of \$ _____ for the above account for the following reason(s). (Please indicate whether the abatement is for Water, Sewer, Fees or a combination thereof and provide supporting documentation that supports the request). _____

Signature _____ Date: _____

<p>(Office Use Only) Abatement Request # _____ Date Received _____</p>
