Lancaster Sewer District Commission

Sewer Usage Abatement Request Form

As per the LSDC's rules and regulations, any petition for abatement must be filed in writing to the Lancaster Sewer District Commission within 6 months of the date reflected in the "billing date" section from the front of the usage bill.

This form is not required to request an abatement but is provided for your use as a courtesy.

The filing of this form does not guarantee that your abatement will be granted. Abatements will be considered by the Commission on a case-by-case basis.
Approved abatements will be reflected in the next billing period.

Directions

PLEASE READ CAREFULLY. Fill in all blanks, attach additional paperwork as necessary.

This form is for requests for Sewer Usage Abatements only.

Return to: Lancaster Sewer District Commission - PO Box 773 - 94 Main Street - South Lancaster MA, 01561

Please note that filing this request form does NOT guarantee that an abatement will be granted by the commission.

Property Information

Property Owner: _____ **Phone Number:** _____

Street Address: _____ **Email Address:** _____

Number of Bedrooms: _____ **Water Service Number:** _____
from water bill or meter

Billing Address: _____
if different _____

Reason For Abatement Request

Please check all that apply - at least one must be checked

☐ **An Automatic Sprinkler System is in use on the property** (describe the system on page 2)

☐ **A Pool was filled during the billing period** (provide pool length, width, and average depth on page 2)

☐ **The Water Meter had a problem or the reading was incorrect** (attach documentation from the Water Department)

☐ **Some other reason** (Describe in detail and provide calculations in the Written Description section on page 2)

Is this situation likely to occur again? _____ *yes / no*

Calculation

When granting abatements, the LSDC reduces your bill by the Cubic Feet amount that you specify. This section summarizes your total quarterly numbers. Detailed calculations should be attached or written on page 2. Please provide the following:

Billed usage amount: _____ CF *1 Cubic Foot = 7.48 Gallons*

Usage amount to reduce bill by: _____ CF *US Average household use is 270 Gallons per day*

New total usage amount: _____ CF *Total usage amount cannot be less than 700 CF*

Lancaster Sewer District Commission
PO BOX 773, S. Lancaster MA 01561 Phone: 978-365-7016 Fax: 978-365-9792

Written Description

Please provide a written description of the situation that you believe provides grounds to grant you an abatement. Remember that the commission will be reviewing this so please be as descriptive as possible. Feel welcome to attach a written letter on a separate sheet or attach any other information that you feel will be helpful for the commission to see when considering your request. Please provide all calculations you used to determine the amount of your request.

Signature: _____ Date: _____

Printed name: _____

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