

**TOWN OF NORTH ATTLEBOROUGH, MASSACHUSETTS
BOARD OF PUBLIC WORKS**

**PFAS TREATED DRINKING WATER
APPLICATION FOR PARTIAL ABATEMENT OF WATER BILL**

Form must be completely filled out and submitted to:

**Department of Public Works, Water Division
49 Whiting Street, North Attleborough, MA 02760**

1. ACCOUNT HOLDER INFORMATION:

Date: _____

A. Address of Property: _____

B. Name of Assessed Owner: _____

C. Name and status of Applicant (if other than Assessed Owner)

D. Mailing Address and Telephone No:

2. PROPERTY INFORMATION:

A. Account number: _____

B. Amount of Abatement Requested: _____

C. Type of Abatement: Water PFAS (for other abatements use standard abatement forms)

NOTE: Only members of the following Sensitive Subgroups are eligible for abatement

- Pregnant/nursing women
- Infants (under 1)
- Compromised Immune System

Please note that the Town will provide abatements for purchased water only, not dispensers or other equipment.

3. SIGNATURE(s):

Subscribed this _____ day of _____, 20_____, under the penalties of perjury.

Signature of applicant: _____

(Print or Type) Name

Address

Phone No.

PLEASE ATTACH DATED RECEIPTS SHOWING WATER PURCHASES