TOWN OF EXETER WATER & SEWER ABATEMENT REQUEST APPLICATION

Application Date: _						
Name:		Account Number:				
Service Address:						
Email Address:						
Phone #:						
Mailing Address:						
Bill Date:				Amount Due:		
Property Type:	☐ Sing	le Family		Commercial		Multi-unit
Incident Details:						
Repair receipts su	bmitted?	□ Yes	□ No)		
Please return this	completed	form to the W	ater & Sewe	r Department		
 by email to 	o watersew	verbilling@exe	ternh.gov			
 by mail to 	13 Newfie	lds Road, Exete	er, NH 03833	1		
in person	to either th	ne Town Office	or Departm	ent of Public Worl	ks	
Wednesday of the	month at	6:30 PM in the will contact yo	Nowak roor u by email a	m on the second fl nd/or phone whe	loor of the Town	tee, usually held the second Office and via zoom. The s been scheduled. The ncouraged.
Please pay the am department, collect		•	•	•		r contact the collections s.

☐ I have received a copy of the Town's abatement policy and acknowledge I will receive only one abatement every

Signature of applicant or representative:

ten years. I have the right to refuse a granted abatement amount.