

REQUEST FOR CURBSIDE PICKUP FEE ABATEMENT

Please Return To:
Department of Public Works
10 Industrial Drive
South Hadley, MA 01075
413-538-5033

MUST BE FILED WITHIN 30 DAYS OF BILLING
DATE

Name: _____ Date Filed _____

Location: _____

Account No. _____ Bill _____

Reason: private service inaccurate # of persons billed to wrong party

Other – Explain _____

The above statements are true. Signed under the penalties of perjury.

Signature

Daytime Telephone

Abatement: Granted Denied

Original Amount _____

Abatement Granted _____

Balance Due _____

DPW Business Manager*

Town Administrator or Collector*

Date

*two signatures required
