

City of Revere Water and Sewer Billing Department 319 Charger Street

Revere, MA 02151 Office: 781-286-8145

Fax: 781-286-8146

Request for Abatement Consideration form Water & Sewer Billing

Account #:		
		Phone #:
Bill #:	Bill Date:	
Please summarize vour	reason for abatement below	and include receipts of repair:
Signature:		
Date of Application:		
• • • • • • • • • • • • • • • • • • • •	will be reviewed, and applica	— ant will be notified of decision within 30 days of receipt.
• •		a bill that is 45 days past the bill date.
	•	iod prior to period in question.
	o water billing@revere.org o	·
o City of F	_	
o 319 Cha		
	ater/Sewer Billing	
o Revere,	_	
*Office use only		
Name:		
Data rassinadi		
Date received:		