



TOWN OF WARREN, MASSACHUSETTS

BOARD OF SEWER COMMISSIONERS
P.O. BOX 1537
48 HIGH STREET
WARREN, MA 01083-0607
TEL: 413.436.7438 FAX: 413.436.9754

FY2026 (7/1/2025-6/30/2026) SEWER FEE ABATEMENT APPLICATION

Bill #: _____

Name of Applicant: _____ Phone Number: _____

Name of Property owner(s): _____

Mailing address: _____

Street address of property: _____

FY2026 **Total** Charges*: \$ _____ # EDUs: _____ (FY2026 Charges = \$670/EDU)

FY2026 Abatement Request: \$ _____ # EDUs: _____

Reason for the abatement - if a house or unit is vacant, please provide dates:

If the abatement is for one or more apartments/units, please list units and their location:

Date: _____ Signature of applicant: _____

*Residential bills are issued on a semi-annual basis – your first bill issued on 8/15/2025 is half of your FY2026 total.

**Please provide all applicable information. The Board of Sewer Commissioners will not accept incomplete abatement applications.

***Please return to the **Board of Sewer Commissioners** at P.O. Box 1537, Warren, MA 01083 or to sewer@warren-ma.gov no later than **May 1, 2026**.

Office Use Only:

Date: _____ Approved: _____ Denied: _____

Amount Paid: _____ Amount Abated: _____

Signature: _____

Signature: _____

Signature: _____