



**CITY OF NORTHAMPTON, MASSACHUSETTS
DEPARTMENT OF PUBLIC WORKS**

**125 Locust Street
Northampton, MA 01060**

**413-587-1570
Fax 413-587-1576**

Donna LaScaleia
Director

Policy on Abatement or Adjustment of Water/Sewer Charges

Any request for abatement must:

- Be made within 45 days of the bill issue date
- Include supporting documentation to support the claim
- Demonstrate with reasonable evidence that service was not used
- Be made in writing either electronically to dpwinfo@northamptonma.gov or by USPS to Department of Public Works, 125 Locust Street, Northampton MA 01060

Abatements can be considered on the following grounds:

1. Error or miscalculation of the Utility Bill
2. Major water leak that does not involve the sewer
3. Proven meter malfunction*
4. Estimated bill is proven to be higher than actual meter reading
5. Immediate steps have been taken to repair the issue and prevent further loss

Please note that residential meters are not known to read high. If a meter test is requested by the customer, and the reading is accurate, a **testing fee of \$100 will be charged to the account. All meter tests are subject to AWWA standards.*

Abatements will not be considered for the following:

1. Bills over 45 days
2. Premise abandoned without reasonable care for plumbing system
3. More than one occurrence in any 4 year period
4. Filling of a pool/irrigation
5. Tampered meter
6. Bills lost or not received
7. Home under construction or renovation
8. Proof of repair or claim is not provided.

The Director of the Department of Public Works will review and respond to the abatement request within 30 days of receipt.

Any questions can be directed to the DPW Utility Billing at 413-587-1570.



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Application for Utility Abatement

Applications for abatements must be submitted in writing electronically to dpwinfo@northamptonma.gov or postal mail to Department of Public Works, 125 Locust Street, Northampton, MA 01060. Request for abatement must be received within 45 calendar days of the billing date of the disputed bill. Any request received later than this will be considered untimely and will be denied.

Name of applicant/customer: _____
Service Address: _____
Mailing Address: _____
Email: _____
Telephone Number: _____

Account #: _____ Bill #: _____
Amount of Bill: \$ _____ Amount requested abatement: \$ _____

Reason for abatement:

Please include additional pages for documentation and supporting documents as necessary. Supporting documents attached should include, but not limited to receipts for work, repair company verification forms, proof of payment for repairs, photos, and police reports.

A request for abatement does not waive your responsibility to pay by the due date. Any bill that remains unpaid beyond the due date will accrue interest charges.

Signature of Applicant: _____ Date: _____