



The Great Salt Bay Sanitary District

Water and Wastewater

Abatement Request Form

Date: _____

Account # _____

I, _____ as the responsible party for payment of the bills for the establishment located at _____ provide the following information in support of my request for an abatement of the bill for this account.

Date on bill for which abatement is being requested: _____

Plumbing failure that resulted in consumption significantly higher than normal:

How was the plumbing failure repaired?

Date repaired: _____

I certify that the plumbing failure was repaired: Name printed: _____

Signature _____ Date: _____

For District use only:

Customer account: _____ Date of last abatement request, if any: _____

Current consumption in HCF on bill that includes consumption from plumbing failure: _____

Average consumption in HCF for four (4) previous bills: _____

Average \$\$ value: _____

Available abatement credit for water = \$ _____

Available abatement credit for sewer = \$ _____

Total available credit=\$ _____

Analysis by: _____ Date analyzed: _____

Approved: _____ Denied: _____

Reason for decision: _____

Signature: _____