



Commonwealth of Massachusetts  
**Town of Wrentham**  
Department of Public Works  
360 Taunton Street, P.O. Box 658  
Wrentham, MA 02093  
TEL: (508) 384-5477 FAX: (508) 384-5481

MICHAEL T. LAVIN, JR.  
Director of Public Works

BRIAN ANTONIOLI  
Assistant Director of Public Works

**WATER ABATEMENT OR ADJUSTMENT REQUEST FORM**

Date of Request \_\_\_\_\_ Account # \_\_\_\_\_

Property Owner \_\_\_\_\_

Owner's Signature (Required) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Are you seeking and an Abatement or an Adjustment? \_\_\_\_\_

DO YOU WANT YOUR METER TESTED? \_\_\_\_ YES \_\_\_\_ NO

Your cost to test the meter by an independent company is \$175.00.

A check to the Town of Wrentham must be included with this form. This fee will be refunded if the meter is determined to be defective (recording more usage than actual).

Was a leak found and repaired at you home or business? \_\_\_\_ YES \_\_\_\_ NO

If yes, please provide date of discovery and documentation of repair.

\_\_\_\_\_

Reason for Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach any relevant documentation.

**WATER ABATEMENT OR ADJUSTMENT REQUEST FORM**

Water Department Use Only:

Known Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigation Findings: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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Recommendations: \_\_\_\_\_  
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\_\_\_\_\_

Review Officer: \_\_\_\_\_ Signature: \_\_\_\_\_