York Sewer District Abatement Request Form

INSTRUCTIONS: Please type or legibly print all information. Attach documentation that supports the abatement request if necessary. Sign, date, and submit to: York Sewer District, PO Box 1039, York Beach, ME 03910 or email to munis@yorksewerdistrict.org. Applications must be received within 30 calendar days of the billing date of the disputed bill. Late applications will be returned.

For assistance in completing this form contact the York Sewer District at (207)363-4232.

Name of Applicant: _____

Service Address: _____

Mailing Address: _____

Telephone Number: _____

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