

MUST BE FILED WITH SEWER COMMISSION WITHIN SIX MONTHS FROM DATE OF NOTICE

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF COHASSET

APPLICATION FOR ABATEMENT OF SEWER BETTERMENT TAX
FISCAL YEAR 2011

To the Board of Sewer Commissioners

NAME OF APPLICANT _____

ADDRESS _____

The above-named person aggrieved by a BETTERMENT TAX hereby applies for an abatement.

NAME OF PERSON ASSESSED _____

LOCATION _____

MAP _____ PLOT _____ Unit _____ Land area _____

Betterment _____ Tax Assessed _____ Amount paid _____

Tax paid by _____ on _____

IF THE APPLICANT IS NOT THE PERSON ASSESSED, WHAT IS THE APPLICANT'S INTEREST IN THE PROPERTY? _____

Present ownership, mortgage, what other interest?

WHEN WAS SUCH INTEREST ACQUIRED? _____

Complete statement of reasons for this application _____

CONTENTIONS OF LAW RAISED _____

SUBSCRIBED THIS _____ DAY OF _____, 20____

This application is signed under the pains and penalties of perjury.

SIGNATURE OF APPLICANT _____

THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. IT SHOULD BE PAID AS ASSESSED. REFUND WILL FOLLOW IF ABATEMENT IS ALLOWED