TOWN OF PEMBROKE

BOARD OF SELECTMEN AND TOWN ADMINISTRATOR'S OFFICE

100 Center Street, Pembroke (781) 293-3844 ~ Fax (781) 293-4650

Fiscal Year: _____FY15_____ MUF Account#: _____

Abatement Number: _____ Map & Parcel#: _____

REQUEST FOR **SUMMER RESIDENT** MUNICIPAL USERS FEE ABATEMENT

To be eligible for this abatement, **the applicant** at the qualifying address must be **living outside of the Town of Pembroke for six months or longer** before July 1st of this fiscal year.

Name: _____ _____

Last Name, PRINTED First Name, PRINTED

Pembroke Address: _____

Telephone Number: _____ Email: _____

1. **Do you reside for more than six months per year in Pembroke?** _____
2. **Your other address?** _____

_____

I certify that the above statements are true to the best of my knowledge by signing below.

Signature: _____

To be eligible for this abatement**, the applicant** at the qualifying address must **submit documentation of residence outside the Town of Pembroke**. Without it, this application is incomplete and will not be considered.

Proof of alternate residency will be any **one** of the three items below:

1. A copy of your most recent **real estate tax bill** for the other address listed above.
2. A copy of a **government issued identification** showing the other address listed above.
3. A copy of a **utility bill for or vehicle registration** showing the other address above.

Approved: _____ Denied: _____

_____

Edwin J. Thorne, Town Administrator

This abatement will be credited to the **SECOND SEMI-ANNUAL BILL**. Payment of the **FIRST SEMI-ANNUAL BILL IN FULL,** including any applicable late fees, **is required** before any abatement is issued.