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 **VACANT PROPERTY** MUNICIPAL USERS FEE ABATEMENT

To be eligible for this abatement, **the qualifying address** must be **vacant** before July 1st of this fiscal year.

Name: _____ _____

Last Name, PRINTED First Name, PRINTED

Mailing Address: _____

Vacant Property Address: _____

Telephone Number: _____ Email: _____

1. **Was the vacant property address vacant from July 1 through December 30?**

   _____

2. **Was the vacant property address vacant from January 1 through June 30?**

   _____

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 vacancy for each six month period**. Without it, this application is incomplete and will not be considered.

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

1. A copy of the December electric bill showing usage from **July 1 through December 31**.
2. A copy of the June electric bill showing usage from **January 1 through June 30**.
3. If no electric bill is available, a **water shutoff** notice for the vacant property is acceptable.

Approved: _____ Denied: _____

_____

Edwin J. Thorne, Town Administrator

The **FIRST SEMI-ANNUAL BILL** will be abated on receipt of vacancy proof Numbers 1 or 3.
The **SECOND SEMI-ANNUAL BILL** will be abated on receipt of vacancy proof Numbers 2 or 3.