



# CITY OF GARDNER



OFFICE OF THE  
BOARD OF HEALTH ROOM 29, CITY HALL  
GARDNER, MASSACHUSETTS 01440  
(978) 630-4013  
FAX (978) 632-4682

## TRASH FEE ABATEMENT FORM

Owner's Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Telephone number: \_\_\_\_\_

I request the Trash Fee be abated at the above location for the following reason:

- This property is currently vacant. Date vacated: \_\_\_\_/\_\_\_\_/\_\_\_\_
- I no longer own this property. Please note that partial quarter abatements are not available. Date sold: \_\_\_\_\_
- This property is served by a City licensed private hauler under private contract with this location as the contracted address. **Copy of contract is attached.**
- This property is a multi-family dwelling building with one or more apartments that are kept permanently vacant or are now part of another apartment in the building.

Number of apartments at this address: \_\_\_\_\_ Number of **OCCUPIED** apartments: \_\_\_\_\_  
Number of **PERMANENTLY UNOCCUPIED** apartments: \_\_\_\_\_ Vacant as of \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*All charges are per quarter; partial quarter abatements are not available.**

Be advised that you are responsible for informing the City of Gardner Board of Health if any of the above information changes. Failure to inform the Board of Health of any changes to the property status may lead to a fine of \$150 to \$300 per offense. I attest the information given above is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

### OFFICE USE ONLY:

Date of abatement: \_\_\_\_\_

**Toters have been confirmed removed by BOH.**