



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 was billed as an eight unit building and is actually a _____ unit building.
- This property is served by a 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 _____

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

