



City of North Adams  
Department of Public Services  
Water & Sewer Division  
Sewer Fee Exemption Form

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Property Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Water Billing Address (if different): \_\_\_\_\_

Map/Lot Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of septic system installation: \_\_\_\_\_ Date of last inspection: \_\_\_\_\_

Name of engineer or design firm: \_\_\_\_\_

Location of tank: \_\_\_\_\_

Size of tank: \_\_\_\_\_

Type of system: (circle type) tank or cesspool

Type of tank: (circle type) metal or concrete

*I hereby certify that the above information is true and correct to the best of my knowledge and belief.*

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_