



TOWN OF NORTH ATTLEBOROUGH, MASSACHUSETTS

BOARD OF PUBLIC WORKS

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MARK L. HOLLOWELL, DIRECTOR

Dear Resident:

In an effort to keep our customers informed of the Town of North Attleborough water service suspension policy set by the BPW to conform to the applicable Massachusetts General Laws, Chapter 40, Section 42A and Chapter 41, Section 69B, which allow the Town to suspend water service for non-payment of water bills, please read the following information carefully. If any of the following conditions apply to you, please fill out the appropriate paperwork and return it to the North Attleborough Utility Division.

YOU HAVE A RIGHT TO WATER SERVICE IF:

YOU ARE SERIOUSLY ILL. You have the right to service anytime during the year if you or a member of your family has a serious illness and you cannot afford to pay overdue utility bills because **you have a financial hardship**. You must contact your physician or Board of Health. Have your physician or Board of Health telephone North Attleborough Water & Sewer Division immediately at (508) 695-7790. Within seven (7) days of the phone call, your physician or Board of Health must certify in writing, to the North Attleborough Water & Sewer Division, that serious illness exists. The certification must be renewed monthly or, if the illness has been certified to be "chronic" semi-annually. Your failure to renew such certification of serious/chronic illness as explained above may result in your service being suspended. A Financial Hardship form is also required and provided below.

If a financial hardship does exist, the Financial Hardship form must be renewed every six months. Your failure to submit a Financial Hardship form or renew the Financial Hardship Form as required will result in our right to suspend your service.



TOWN OF NORTH ATTLEBOROUGH, MASSACHUSETTS

BOARD OF PUBLIC WORKS

CUSTOMER FINANCIAL HARDSHIP FORM

For Inability to Pay Water/Sewer Bill(s) and / or Inability to pay for repair or replacement of private service line(s) - Massachusetts General Laws, Chapter 164, Section 124A or 12F

This form must be **completely** filled out and submitted to:

**Department of Public Works, Utility Division
49 Whiting Street
North Attleborough, MA 02760**

TAXPAYER INFORMATION:

Resident's Name: _____ Date: _____

Address: _____

Telephone: _____

Account #: _____

Number of people in household: _____ Number over age 65: _____

Reason for Hardship (Please use additional pages, if necessary):

Payment Plan Amount/Schedule: \$_____ Per: **Week / Month / Lump Sum** (Circle One)

Date of 1st Payment: _____ Date of Final Payment: _____

ALL UNPAID BALANCES ARE SUBJECT TO PENALTY AND INTEREST.

NOTE: BPW policy requires that **ALL** past due amounts be paid NLT a full month prior to the next scheduled Utility Bill mailing date.

FAILURE TO MAKE PAYMENT WILL RESULT IN IMMEDIATE SUSPENSION OF WATER SERVICE.

I, the undersigned, do hereby certify that the information provided is complete and the truth, to the best of my knowledge. This document represents an agreement between the applicant and the Town of North Attleborough.

Signature: _____

Date: _____