APPLICATION FOR ABATEMENT OF PROPERTY TAXES
BY REASON OF INFIRMITY OR POVERTY
(TITLE 36 M.R.S.A. § 841 (2))

PLEASE MAIL OR RETURN TO: Mayor's Office • City Hall, 1 Common St. • Waterville, ME 04901

IF YOU HAVE QUESTONS OR NEED ASSISTANCE COMPLETING THIS APPLICATION:
PLEASE CONTACT LINDA COTE (680-4241 or lcote@waterville-me.gov)
IN THE CITY'S FINANCE OFFICE.

1. NAME OF APPLICANT: _____
   Last First Middle Initial
2. HOME PHONE NO. _____ CELL PHONE NO.: _____
3. EMAIL ADDRESS: _____
4. MAILING ADDRESS: _____
5. ADDRESS OF PROPERTY:_____
6. TAX YEAR(S) FOR WHICH ABATEMENT IS REQUESTED:_____
7. ABATEMENT AMOUNT REQUESTED: $_____
8. PLEASE STATE WHETHER THE REASON FOR REQUESTING AN ABATEMENT IS INFIRMITY, POVERTY OR BOTH:

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Signature of Applicant Date

NOTE: *Once your application is received, you will receive a letter from the Mayor/City Manager's Office instructing you to make an appointment with the City's General Assistance Director in order to complete the full application process.*

Rev. 7/25/16