



This form can be completed online and then printed, signed and returned.

**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: Linda Cote, Tax Collector • Finance Office, City Hall
1 Common St. • Waterville, ME 04901

**IF YOU HAVE QUESTIONS OR NEED ASSISTANCE COMPLETING THIS APPLICATION:
PLEASE CONTACT [LINDA COTE](mailto:lcote@waterville-me.gov) (680-4241 or lcote@waterville-me.gov).**

1. NAME OF APPLICANT: _____

LastFirstMiddle 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:

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.