



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

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: _____