



**CITY OF NEWPORT  
DEPARTMENT OF UTILITIES  
WATER POLLUTION CONTROL DIVISION  
70 HALSEY STREET  
NEWPORT, RI 02840**

**Sewer Abatement Request Form**

(Please complete in full)

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_  
(city, state, zip)

Did water enter the sewer system: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, where did the water discharge? \_\_\_\_\_ Discharge Dates: \_\_\_\_\_

Does the property have foundation drains, floor drains and/or sump pump: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide evidence that the foundation drains, floor drains and/or sump pump is not connected to the City Sewer.

Will or have you submitted a claim with your homeowners' or renters' insurance company? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what has been the insurance company's response? \_\_\_\_\_

Detail Abatement Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach supporting documentation for the abatement request including but not limited to: Certification that water did not enter City Sewer System; Invoice(s) from Plumber / Contractor showing a description of the work, the dates the work was performed and the dates of the discharge; Photos of the damage; other supporting materials.

I acknowledge I have read and understood the Sewer Abatement Policy, Specifically that the Department shall consider granting a one-time abatement, per account, during any ten-year period. I certify that the information given in this form is truthful, accurate and complete. No information likely to affect this abatement has been withheld.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: All customer requests to abate any portion of a metered sewer bill that is unusually high due to unpreventable leakage shall be reviewed by Department staff on a case-by-case basis. The determination of the adequacy of the evidence shall be at the sole discretion of the Director. Refer to the Utilities website for a complete Sewer Abatement Policy.

**DO NOT WRITE BELOW THIS LINE**

_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Deputy Director – Finance	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Deputy Director - Engineering	Date		
_____	_____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Director	Date		