

METER DEDUCTION FORM

Name: _____

Address: _____

Sewer Account Number: _____

Water Supply (check one): **AQUARIAN WATER** or **WELL**

Telephone Number: _____

Email Address: _____

Billing Period (check one):

Forms Due:

October – December 2023

1/5/2024

January – March 2024

4/5/2024

April – June 2024

7/5/2024

July – September 2024

10/4/2024

October – December 2024

01/03/2025

Signature is required and hereby certifies that the outside water usage meter reading, for the specified billing period is as follows:

Complete **all** the numbers as they appear on the meter:

								Gallons	or	Cubic Feet
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BE ADVISED IF READING IS INCOMPLETE OR DOES NOT CORRESPOND TO PREVIOUS READING, DEDUCTION WILL NOT BE GIVEN. FAILURE TO SUBMIT THIS FORM BY THE DUE DATE LISTED ABOVE WILL RESULT IN NO DEDUCTION FROM THE SEWER BILL.

Signature

Date of Reading

Return completed **METER DEDUCTION FORM** along with a **DATED PHOTO OF METER** to:

- By email (preferred) to mnordstrom@millburyma.gov
- By mail to Millbury Sewer Department, 127 Elm Street, Millbury, MA 01527
- In person to Sewer Department Office, 131 Providence Street, Millbury, MA 01527