



TOWN OF ROCKPORT

Appeal Application

Sewer Billing

- 1) Date of Appeal: _____
- 2) Property Owner's Name _____
- 3) Billing Address: _____

- 4) Service Location: _____
Zip Code _____
Tax Map number Map Lot

- 5) Owners Representative _____
- 6) Owners Representative Signature _____
- 7) Phone Number _____
- 8) Email Address _____
- 9) Billing Period that is being appealed is _____
- 10) Appeal is being requested for
a) Sewer Department Fees of: _____
b) Sewer Department Debt Fee of: _____
c) Other _____

Total \$ _____

Explanation of Appeal Request

You may attach an additional sheet with more information if necessary