REAL ESTATE & WATER BILLING CHANGE OF MAILING ADDRESS REQUEST

IN ORDER FOR THE ASSESSORS OFFICE TO ENSURE REAL ESTATE & WATER/SEWER/TRASH BILLS REACH YOU, AS THE RECORD OWNER OR YOUR AUTHORIZED AGENT, PLEASE COMPLETE AND SIGN THIS FORM.

1. LOCATION OF THE PROPERTY:

Street No. Street Address Unit # Zip Code

2. THE NAME AND ADDRESS YOU WANT THE REAL ESTATE BILL SENT:

Name

Address

City, Town State Zip Code

3. THE NAME AND ADDRESS YOU WANT THE WATER BILL SENT (if different):

Name

Address

City, Town State Zip Code

4. ARE YOU THE *CURRENT* OWNER (S) OF THE PROPERTY? YES _____ NO _____

5. ARE YOU THE *NEW* OWNER (S) OF THE PROPERTY? YES _____ NO _____

DATE OF PURCHASE _____ PREVIOUS OWNER _____

6. IF NOT THE OWNER, PLEASE STATE YOUR INTEREST IN THE PROPERTY: _____

_____

DATE _____

_____
Signature of Owner/Authorized Representative

TEL: ( ) _____ CELL: ( ) _____

_____
Please Print Name

MAIL COMPLETED FORM TO:

ASSESSORS OFFICE, 375 MERRIMACK STREET, LOWELL, MA 01852.

INCOMPLETE FORMS WILL NOT BE PROCESSED.
IT IS THE RESPONSIBILITY OF THE TAXPAYER TO CONTACT THE TREASURERS OFFICE IF TAX BILL IS NOT RECEIVED.

The assessors office is available to answer any questions regarding this information weekdays from 8:00 AM to 5: 00 PM (978) 970-4200 Fax: (978) 970-4205
Faxed copies (both sides) are accepted.