The City of Lowell
Lowell Regional Water Utility
815 Pawtucket Boulevard
Lowell, MA 01854
t: 978-674-4240 f: 978-970-4235
www.lowellma.gov

UTILITY BILLING CHANGE OF MAILING ADDRESS REQUEST

IN ORDER FOR THE WATER DEPARTMENT TO ENSURE WATER/SEWER/REFUSE BILLS REACH YOU, AS THE RECORD OWNER, PLEASE COMPLETE AND SIGN THIS FORM

ACCOUNT #: _____

LOCATION OF PROPERTY: _____
Street No. Street Address Unit # Zip Code

THE NAME AND ADDRESS YOU WANT THE WATER/SEWER/REFUSE BILL **SENT TO**:

_____
NAME of record owner

_____
ADDRESS

_____
CITY/TOWN STATE ZIP CODE

ARE YOU THE *CURRENT* OWNER OF THE PROPERTY? YES ____ NO ____

ARE YOU THE *NEW* OWNER (S) OF THE PROPERTY? YES ____ NO ____

DATE OF PURCHASE _____ PREVIOUS OWNER _____

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

Date: _____

TEL: _____ CELL: _____ Email:_____@_____

_____
SIGNATURE OF OWNER

_____
PLEASE PRINT NAME

RETURN COMPLETED FORM TO: Lowell Regional Water Utility, 815 Pawtucket Blvd, Lowell MA 01854

The Water Department office is available to answer any questions regarding this information weekdays from 8:00am to 4:00pm
Emailed or faxed copies are accepted.

INCOMPLETE FORMS WILL NOT BE PROCESSED. IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO CONTACT THE WATER DEPARTMENT IF UTILITY BILL IS NOT RECEIVED.

SERVING: LOWELL * CHELMSFORD * DRACUT * TEWKSBURY * TYNGSBOROUGH