The City of Lowell, Treasurers Office
375 Merrimack Street Rm 30 • Lowell, MA 01852
P: 978.674.4222 • F: 978.970.4221
www.lowellma.gov

REQUEST FOR PAYMENT INFORMATION

Date: _____

To Whom It May Concern:

Please provide me with the following payment history information for Calendar Year _____.

$2.00 FEE PER REQUEST PER BILL TYPE
ADDITIONAL $2.00 FEE FOR EACH YEAR IF MULITPLE YEARS ARE REQUESTED

Real Estate Property Tax:

Location: _____

Location: _____

Location: _____

Utility:

Location: _____

Location: _____

Location: _____

Excise:

Name: _____ Reg# _____

Name: _____ Reg# _____

Name: _____ Reg# _____

Please indicate how to receive information: Pick up ☐ Mail ☐

CONTACT PERSON: _____ PHONE #: _____

MAILING ADDRESS: _____

_____

_____

01/08/15