The City of Lowell
Lowell Regional Water Utility
815 Pawtucket Boulevard
Lowell, MA 01854
Billing t: 978-674-4247
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: _____

****REQUIRED****

TEL: _____ ☐HOME ☐CELL Email: _____

***YOUR CONTACT INFO IS REQUIRED TO ALERT YOU OF ANY ISSUES WITH YOUR UTILITY ACCOUNT. IF THERE ARE ISSUES WITH YOUR BILL OR METER EQUIPMENT THAT WE CAN'T FIX, YOU MAY EXPERIENCE SERVICE INTERUPTION*

_____ _____
SIGNATURE OF OWNER DATE

_____
PLEASE PRINT NAME

RETURN FORM TO: Lowell Regional Water Utility, Attn: Billing, 815 Pawtucket Blvd, Lowell, MA 01852.

Please Note: Requested changes to your account may result in the need to re-register your account online.

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