



TOWN OF ARLINGTON
DPW WATER & SEWER DEPT.

Please Note:
One Request
Per Form

WATER & SEWER BILLING
NAME AND MAILING ADDRESS CHANGE FORM

This change will be made for Water & Sewer Billing ONLY & may take more than one bill cycle.

Water & Sewer Account # Parcel ID:

Check here if Service Address and Mailing Address are the same.

Service Address: Type of Property:

Check here if Service Address and Mailing Address are different.

New Mailing Address:

City/Town: State: Zip Code:

Provide information for Change of Ownership, Billing or Mailing Bill to Tenant(s), if applicable:

For Condominium shared water meter - Current Trustee:

New Trustee:

Date of Sale: Mailing Address:

Current Owner (s):

New Owner (s):

Note:

Tenant (s) Name (if applicable): Tenant Unit #:

Owners/Landlords requesting billing to tenant must attach a copy of the signed approved MDPH-CSP Submetering Form with this request and comply with M.G.L. c. 186, § 22 and 105 CMR 410.000. The original form must be filed with the Public Health Department. The owner is still responsible for timely payment.

Requested by: Today's Date:

Telephone: Email:

Signature (owner / authorized agent):

This form is not acceptable without a signature, and the signature must be from an owner or an authorized agent. If you have any questions, please contact the DPW Water & Sewer Dept. at (781) 316-3102.

Please return completed, signed form to: DPWwaterbillquestions@town.arlington.ma.us or mail it to: Water & Sewer Department, Department of Public Works, 51 Grove St., Arlington, MA 02476

Requests for NEW Address Numbering Changes for a Land Parcel Contact:
AddressChangeRequests@town.arlington.ma.us

FOR DPW WATER & SEWER DEPT. USE ONLY

Received on: Processed Date: Processed by: