



CITY OF EVERETT
DEPARTMENT OF PUBLIC WORKS
WATER DIVISION
19 Norman St.
Everett, MA 02149

CHANGE IN OWNERSHIP/BILLING NAME

SERVICE ADDRESS

Print Owner's Name _____

Service Address _____

Extended Address (If Applicable) _____

MAILING ADDRESS

Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

I am the Owner/Trustee of said address and agree to be responsible for the payment, by meter rates, for the supplying of water, sewer service and other services or materials in the connection therewith. I further agree to conform to all laws, rules, regulations and ordinances now and hereafter made.

Owner's Signature _____ Date _____

FOR OFFICE USE ONLY

Check source of information:

☐ Sale ☐ Assessing ☐ Customer in Office ☐ Mail Request ☐ Phone Request ☐ Other

Employee Signature _____ Date _____

Comments _____
