



CITY OF FRAMINGHAM

DEPARTMENT OF PUBLIC WORKS ADMINISTRATION

100 Western Avenue
Framingham, MA 01702

508-532-5605
DPWBillingInquiries@framinghamma.gov

Change of Owner or Mailing Address Request Form

Please Note: The account must be listed in the OWNERS name per the Assessors database. The City of Framingham no longer issues tenant copies of Water & Sewer billing.

Account Number: _____ Date: _____

Service Address: _____

Existing Account Owner information:

Name on Account: _____

Mailing Address: _____ Phone Number: _____

Email: _____

New Account Owner information:

Please change the name on the account to: _____

Mailing Address: _____ Phone Number: _____

E-Mail Address: _____

Please circle a reason for change: Marriage Death Divorce Other: _____

I am the owner for the property listed above, and I hereby request the change of name on this account as indicated above.

Signature of account holder/Representative

Date

Please mail or e-mail your request to:

**City of Framingham
Department of Public Works
ATTN: Water & Sewer Billing
100 Western Ave, Framingham, MA
01702**

**Phone: 508-532-5605
Email: DPWBillingInquiries@framinghamma.gov**