

# Billing Name or Address Change Form

## Town of Longmeadow DPW

Today's Date: \_\_\_\_\_

### Old Billing Information

Longmeadow Address: \_\_\_\_\_

Name on account now: \_\_\_\_\_

### New Billing Information

Name to be changed to: \_\_\_\_\_

Reason for change: \_\_\_\_\_  
(please give brief reason for name change—i.e. new married name, divorce, etc)

Address: \_\_\_\_\_  
(only provide new address if the bills go to a different address than the one listed above)

### PLEASE NOTE

*If this change is due to the sale of the Longmeadow Address listed above,  
please call this office immediately to obtain the proper forms.*

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Phone Number of Owner

Please return this form to:  
*Department of Public Works*  
*31 Pondside Road, Longmeadow, MA 01106*  
*Phone: (413) 567-3400 – Fax: (413) 567-9018*