

**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**