Town of Lexington
MAILING ADDRESS CHANGE
WATER & SEWER BILLING ONLY
201 BEDFORD ST, LEXINGTON MA 02420
FAX: 781-274-8385
rfullford@lexingtonma.gov

Account Number: _____

Print Owner's Name: _____

Service Location: _____

NEW MAILING ADDRESS

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

OWNER'S SIGNATURE

I am the Owner/Trustee of said address and am responsible for the payment of the water/sewer bill to the Town of Lexington:

Owner's Signature: _____ Date:_____

Per M.G.L.-Chapter 186, Section 22 the Water and Sewer Bill will be in the property owner's name.

FOR OFFICE USE ONLY

Water/Sewer Billing: _____ Date _____