CHANGE OF MAILING ADDRESS REQUEST FORM - SEABROOK NH

Seabrook Water Department, 550 Route 107, PO Box 456, Seabrook NH 03874
phone: (603) 474-9921 fax: (603) 474-3399

Please provide all required information and return this request form to the water department office.

Location: _____ Acct #: _____ Landowner: _____

I, the current owner, give my permission for the Seabrook Water Department to change the mailing address, for the water and sewer bill associated with the property listed above, to:

Name: _____
Name (con't): _____
Mailing Address: _____
City, St, Zip: _____
Phone: ( ) Fax: ( ) _____
Resident Email: _____

I further agree that the bill associated with the above listed property remains my financial responsibilty, if for any reason, it is not paid by the person/company listed above.

Landowner's Signature: X _____

_____

X _____

_____

Phone: **( )** _____
Landowner Email: _____

* Landowner **MUST** sign above and fill in all information.

Current address on file:

Attention: Seabrook Water Dept.
Fax #: (603) 474-3399
E-MAIL: water@seabrooknh.org