



# Allenstown Sewer Commission

35 Canal St.  
Allenstown, New Hampshire 03275  
Tel. (603) 485-5600 or 485-2027  
Fax 800-859-0081



## Change of Account Information Form

Account #: \_\_\_\_\_

Property address: \_\_\_\_\_

I \_\_\_\_\_ being the owner(s) of record of the above referenced property, hereby request sewer bills for this property to be mailed to the following:

\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State, Zip)

I acknowledge that payment of sewer bills remain my/our responsibility. Please forward all other correspondence concerning this account to:

\_\_\_\_\_ (Name)  
\_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State, Zip)

Sincerely,

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date