SPRINGFIELD WATER AND SEWER COMMISSION

CHANGE OF MAILING ADDRESS FORM

Contact Information

Your Name:

Phone #:

Cell #:

Work #:

Email:

City, State, ZIP:

Your relationship to property:

Water/Sewer Service Address Information

SWSC Account # :

Assessed Owner:

Address:

City, State, ZIP:

Property Occupied: ◯ Yes ◯ No

Mailing Name / Address Information for Billing

Name:

Address:

City, State, ZIP:

POST OFFICE BOX 995, SPRINGFIELD, MASSACHUSETTS 01101-0995
PHONE: 413-452-1300 FAX: 413-787-6269
EMAIL: billing@waterandsewer.org