



Town of Fairhaven Water Department

RESIDENTIAL FORM

Change of Address and/or Owner Form

Please complete the information below, **IN FULL**, if you are requesting a change of information as it appears on your water/sewer bill.

Date: _____

Owner of Property: _____

Property Address: _____

Mailing Address: _____

Contact Name/Telephone Number: _____

Please be advised the water and sewer bills are the responsibility of the property owner. The Town of Fairhaven will not mail invoices to a tenant. Please complete this form and email it to waterdept@fairhaven-ma.gov or mail it to Fairhaven Water Department, 5 Arsene Street, Fairhaven MA 02719.

Signature: _____