



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: _____

Complete information below to change where sewer bills are mailed to:

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)

Complete below to change name on account:

Current name on account: _____
New name on account: _____

Property Owners Must Sign Below:

Print Name

Sign Name

Date

Print Name

Sign Name

Date