



Department of Public Works

17 Central Street
Ashburnham, MA 01430

Ph.: 978-827-4120

Fax: 978-827-4121

Water & Sewer Final Bill Request

Request Date: _____

Requestor Name/Co. Name: _____

Phone No.: _____

Account Address: _____

Account Holder Name(s): _____

Real Estate Broker/Co. Name: _____

Phone No./Email Address: _____

Closing Attorney Contact/Firm Name: _____

Phone No./Email Address: _____

Closing Date: _____

Buyer(s)/New Owner(s) Name(s): _____

Phone No./Email Address: _____

Mailing Address: _____

Please provide mailing address where utility bills are to be mailed. Thank you

Requestor's Signature