



TOWN OF HAMILTON

DEPARTMENT OF PUBLIC WORKS

577 Bay Road
P. O. Box 429
Hamilton, MA 01936
978-626-5226

REQUEST FOR CHANGE OF MAILING ADDRESS

All mailing address changes requested for your water account must be in writing. Please fill out this form and return to the Department of Public Works.

Owner of Record: _____

Address of Property: _____

Old Mailing Address: _____

New Mailing Address: _____

Request submitted by: _____

Signature: _____

Phone # or email: _____

Date: _____

Additional Notes: _____
