

**Public Utilities Billing Office**

Phone (518) 279-7100

Fax (518) 268-1682



**City of Troy, NY  
c/o Water Billing Office  
433 River Street  
Troy, New York 12180**

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**REQUEST FOR CHANGE OF BILLING NAME AND/OR ADDRESS**

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Department of Public Utilities Rules and Regulations (Chapter IV, Paragraph 403):

Payment of Bills: *"Nonpayment will result in a tax lien being placed against the property involved."*

The Property Owner requests that the billing office change the name and address on the water bill. The Property Owner acknowledges that any outstanding water bills or shop work bills not paid by **December 1<sup>st</sup> will be added to the Property Owner's taxes in January of next year.**

I understand that I am responsible for the water/sewer bills. I acknowledge that any outstanding balances (including all interest and penalties) not paid by December 1<sup>st</sup> will become a tax lien on the first installment of the next property tax bill.

\_\_\_\_\_  
**Property Owner**

**Name and address to be billed:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_