



Water Department

1 Vine Street, P.O. Box 456 Keeseville, NY 12944

518-834-9042 ext. 2 www.chesterfieldny.gov

CHANGE OF BILLING ADDRESS

This document is to be filled out by the owner of a property that is within the Town of Chesterfield Water District or the Port Kent Water District. In order to change the address of a bill, the owner is required to submit this completed form. Our quarterly billing dates for the water are in March, June, September and December. Any unpaid water tax will be levied on the following years land taxes effective November 1.

If you have any questions, please reach out to Laura at (518)834-9042 ext. 2 or via email at clerk.chesterfield@gmail.com. Completed forms can be emailed, dropped off in person or mailed through USPS.

Please Print clearly

Date of request _____

Address of service _____

Owners name _____

Owners phone number _____

Name of person responsible for quarterly bills _____

Updated billing address _____

Date that change takes effect _____

Owners Signature _____ Date _____

FOR OFFICE USE ONLY

Account # _____

Tax map # _____

Date Processed _____

Initials _____

Supervisor Barber . Councilman Gload . Councilman Blaise. Councilman Casey www.chesterfieldny.gov