



TOWN OF BEL AIR, MARYLAND

ADDRESS CHANGE REQUEST FORM

I, the undersigned as the owner, hereby request a permanent change of mailing address for the property listed below:

(Please type or print legibly, you may also fill this form out on your pc.)

OWNERS NAME	PROPERTY ID or SEWER ACCT# / PROPERTY ADDRESS
Example: John T. Smith	03-123456 or 1-234-5678 / 123 NOWHERE AVE.

PRINT COMPLETE NEW ADDRESS

HOUSE NO. STREET NAME CITY STATE ZIP CODE

IS THE NEW ADDRESS YOUR PRINCIPAL RESIDENCE? _____

PRINT NAME _____

SIGNATURE _____

DAYTIME PHONE _____

DATE _____

If the owner of the property is a business, please provide the name of a contact person and job title.

Contact person / Title, if applicable _____

Does this change apply to other accounts? (check, if applicable)

Sewer ____ User Benefit ____ Accounts Receivable ____