



**Ocean City Maryland Municipal Airport  
Automobile Registration**

**Date:** \_\_\_\_\_  
(Please Print or Type )

Name: \_\_\_\_\_ A/C Type: \_\_\_\_\_

Account Billed To: \_\_\_\_\_ N#: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_

Local Address: \_\_\_\_\_

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

Local Phone Number: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Business Phone Number: ( ) \_\_\_\_\_

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

**Vehicle Parked at Airport:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ St/License: \_\_\_\_\_

How Long Will Car be parked at Airport? \_\_\_\_\_

**Please notify us with any changes occur or car is removed.**