



# OCEAN CITY BEACH PATROL



## Contact and Personal Information Changes

Use this form to notify the Beach Patrol or the Town of Ocean City of any changes in your Contact or Personal information. Only fill out the information that needs to be updated (below the double line). Name and employee ID are required to submit the form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

---

---

### Please make the following changes

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Provider (for texting) \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

*(W-2's Sent Here)*

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Winter Address: \_\_\_\_\_

*(OCBP Correspondence)*

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Summer Address: \_\_\_\_\_

*(Ocean City Vicinity)*

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Information that you would like to have changed:

My signature below indicates that I am requesting the above changes to my records.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For changes to your Beach Patrol information E-Mail this completed form to [ocbp@oceancitymd.gov](mailto:ocbp@oceancitymd.gov)

For changes to your Town of Ocean City information contact Town of Ocean City, Human Resources Office, City Hall - Room 106/ 301 Baltimore Ave, Ocean City, MD 21842 / Fax No. 410 289 8766