



TOWN OF OCEAN CITY CHANGE OF ADDRESS FORM

To change your mailing address, you must complete this form and return it to:

Town of Ocean City
Billing and Collections Department
P.O. Box 5000
Ocean City, MD 21843

Please fill in all applicable account number:

Tax Account#: _____ Utility Account#: _____

Rental/Business License#: _____ Misc Receivable Account#: _____

Customer Name(s):

(as they appear on the account(s))

(New street address / PO Box)

(city)

(state)

(zip)

Home/Cell Phone#: _____

Signature: _____ Date: _____

This form must be signed by the property owner or their legal representative to be valid. Change of address will occur at the next normal billing cycle following the return of this form.