

MARYLAND DEPARTMENT OF ASSESSMENTS & TAXATION

ADDRESS CHANGE REQUEST FORM

I, the undersigned, hereby request a permanent change of mailing address for the property listed below in _____ (Enter county name)

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

OWNERS NAME	DISTRICT & PROPERTY NUMBER (Baltimore City enter Ward, Section, Block and Lot)
Example: John T. Smith	02 -123456

PRINT COMPLETE NEW ADDRESS

HOUSE NO. STREET NAME CITY STATE ZIP CODE

IS THE NEW ADDRESS YOUR PRINCIPAL RESIDENCE? _____

PRINT NAME _____

SIGNATURE _____

If the owner of the property is a business give the name of a contact person and job title.

Title if applicable _____

DAYTIME PHONE _____

DATE _____

Submit to the appropriate office where the property is located:

Calvert County Assessments
State Office Building, Room 1200
200 Duke Street
Prince Frederick, Maryland 20678
Hours: 8:00 to 5:00
(443) 550-6840
FAX: (443) 550-6850
E-mail: sdat.calv@maryland.gov