CITY OF FRUITLAND
Department of Assessments and Taxation
ADDRESS CHANGE REQUEST FORM

I, the undersigned, hereby request a permanent change of mailing address for the property listed below in the City of Fruitland.

(Please type or print legibly.)

OWNERS NAME	DISTRICT & PROPERTY NUMBER
Example: John T. Smith	16-123456

PRINT COMPLETE NEW ADDRESS BELOW

HOUSE # STREET NAME CITY STATE ZIP

IS THE NEW ADDRESS YOUR PRINCIPAL RESIDENCE? _____

PRINT FULL NAME: _____

SIGNATURE: _____

Must be signed by property owner or personal representative

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_____

Completed form with signature must be submitted to the City of Fruitland before changes will be made to your account

Send completed form to:

City of Fruitland
P.O. Box F
Fruitland, MD 21826
Fax: 410-548-4354
Email: cityhall@cityoffruitland.com