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.)

<table>
<thead>
<tr>
<th>OWNERS NAME</th>
<th>DISTRICT &amp; PROPERTY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: John T. Smith</td>
<td>16-123456</td>
</tr>
</tbody>
</table>

PRINT COMPLETE NEW ADDRESS BELOW

<table>
<thead>
<tr>
<th>HOUSE #</th>
<th>STREET NAME</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

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