



COMMISSIONERS OF LEONARDTOWN

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P. O. Box 1
Leonardtown, Maryland 20650
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PROPERTY OWNER

REQUEST FOR CHANGE OF ADDRESS

Name: _____

Old Address: _____

New Address: _____

Email Address: _____

Account Number: _____

Home Phone: _____

Work Phone: _____

Effective Date: _____

By signing below, I agree the above information is true and that all information mailed from the Commissioners of Leonardtown will reflect this new address change. I also understand that this change only reflects the records of the Commissioners of Leonardtown and no other organization.

Signature: _____

Printed Name: _____

FOR PROPERTY OWNERS ONLY