



# Commissioners of Leonardtown

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DANIEL W. BURRIS  
Mayor

LASCHELLE E. MCKAY  
Town Administrator

## **REQUEST FOR CHANGE OF ADDRESS**

Name: \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_