



City of Annapolis
Finance Office
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Annapolis, MD 21401-2517

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Utility Change of Address Form

If all changes requested on this form are to affect both accounts for this property, please provide account numbers for Utilities and Capital Facilities:

Account # _____
Utility (quarterly bill) _____ CFA (annual assessment) _____

Service address _____

Add name to bill _____

Remove name from bill _____

Change billing address to _____

Requested by (please print) _____

Relationship to account Owner Agent Copy to Tenant

Signature _____ Date _____

Owner mailing address _____

Owner telephone(s) _____

Note: Only the property owner (or authorized agent on file with this office) can add a billing name or authorize address changes. A tenant may remove his/her name from the bill.

FOR FINANCE USE ONLY

Date received _____ Date entered _____ By _____