

## Cecil County, Maryland

OFFICE OF FINANCE 200 CHESAPEAKE BLVD., SUITE 1100 ELKTON, MARYLAND 21921

**www.tax@ccgov.org** TEL: (410) 996-5385 FAX: (410) 996-5206

## **CHANGE OF ADDRESS REQUEST**

Please complete the following form so that the State Assessment Office may update your mailing address.

Date:		
Property No.*:		_ (Located above your name and address on the tax bill Prop# or Property No.)
Property Address:		
Residence means the prop you expect to file your nex	perty is currently used, and expe at federal and state income tax r	ncipal Residence? $(Y/N)$ (NOTE: Principal cted to be used in the next calendar year as the single principal residence and eturns with this address if one is filed. Additionally, this property address is tomobile licenses or vehicle registrations, if applicable.
Please change the	mailing address to:	
	Signature: Print name:	
<u>-</u>		erty then please be sure to provide all the properties ess changed. Please list the property numbers and
Please either fax to	410-996-2770	
or mail form to	Cecil County Assessments SDAT/Multi-Service Center 170 Fast Main Street	

Elkton, MD 21921