

Town of Georgetown

Town of Georgetown
37 The Circle
Georgetown, DE 19947



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TOWN OF GEORGETOWN CHANGE OF ADDRESS REQUEST FORM

_____	<input type="radio"/>	Utility Billing Change
Account Number		
_____	<input type="radio"/>	Annual Tax Billing Change
Account Number		
_____	<input type="radio"/>	Business License Change
Account Number		

NEW Name and Address:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

EMAIL: _____

OLD Name and Address:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

I am the property owner and am requesting this address change for the above-mentioned account. I realize that as the property owner, I am responsible for making sure the Town has the correct billing address at all times and that I will receive all correspondence regarding property taxes and utilities.

Signature Phone Date

Print Name (Last, First, MI)

Town Official Who Accepted Date