

Somerset County Sanitary District, Inc.
11916 Somerset Ave. Room 216
PO Box 326
Princess Anne, MD 21853
Phone: 410-651-3831
Fax: 410-651-5420

MASTER ACCOUNT ADDRESS CHANGE FORM

ACCOUNT NUMBER: _____
(SCSD FILL OUT)

I, _____ hereby give permission for the
(Owner of Property)

Water/Sewer bill and Front Foot Assessment bill on the

Property of _____ to be sent to:
(Address of Property)

Property Owners Name: _____

Address: _____

City, State, Zip: _____

*This is how the address will appear on the bill.

(Signature of Owner)

(Date)