

Somerset County Sanitary District, Inc.  
11916 Somerset Ave. Room 216, Box 1  
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 Debt Service 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)