

## Baltimore City Department of Public Works



**Change of Ownership** 

## **PROPERTY INFORMATION Property Address** Street: State: City: Zip: Account Number(s): PROPERTY OWNER INFORMATION Owner/Landlord: Phone Number: Email: Deed/Settlement Date: In Care of Name/Tenant: Phone Number: Email: Add Tenant: □ Remove Tenant: Mailing Address: Street: Apt/Suite: State: Billing Address: Street: Apt/Suite: \_ City: State: Zip: Signature: Date:

Mail To: Baltimore City Department of Public Works

Customer Support & Services

200 N Holliday St Room 400

Baltimore, MD 21202