



St. Mary's County Metropolitan Commission

23121 Camden Way, California, MD 20619

Serving our customers since 1964

www.metcom.org

Potable Water Distribution - Wastewater Collection / Treatment

Phone: 301-737-7400
FAX: 301-737-7459

REQUEST FOR CHANGE IN BILLING ADDRESS

Per Section 113-14(D), Code of St. Mary's County

Application is hereby made to have monthly statements of water and/or sewer charges and assessments, including all notices of any kind relating thereto, for the following property, sent to:

NAME(S): _____ (Tenant")
(Please Print or Type)

PROPERTY ADDRESS: _____
(Please Print or Type)

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____ ; _____

EMAIL ADDRESS(S): _____ ; _____

DATE OF REQUEST: _____

It is understood and agreed that:

1. The mailing of monthly statements pursuant to this request in no way relieves the Owner of the Property of liability for the payment of all charges and assessments relating to the Property;
2. Any monthly statement so mailed shall be considered as notice to the Owner as if it were mailed to the Owner;
3. **The Metropolitan Commission will notify the Owner if/when the subject account is approximately sixty (60) days overdue;**
4. **ALL PAST DUE CHARGES ARE A FIRST LIEN ON THE PROPERTY;**
5. Monthly statements shall be mailed in accordance with this request until further written notice from the Owner is *received by* the Metropolitan Commission;
6. All requests for changes in billing, to persons or entities other than the Owner, are honored at the discretion of the Commission;
7. **Owner is responsible to update all address changes immediately;**
8. Owner may **not** request water service interruption except for maintenance purposes, in which case interruption will be made in accordance with Metropolitan Commission policies after receipt of written acknowledgment of the interruption by both Owner and Tenant; and
9. This account will not be transferred into tenants name until owners account balance is paid in full.
10. This change in billing address will be effective the first day of the month following the date on which proper notice is received by MetCom.

OWNER'S SIGNATURE: _____

OWNER'S NAME: _____ ("Owner")
(Please Print or Type)

OWNER'S MAILING ADDRESS: _____

OWNERS CONTACT INFORMATION:

_____	_____
Home Telephone	Work Telephone
_____	_____
E-Mail Address	Fax Number

TO BE COMPLETED BY METCOM: CX# _____

LX# _____

DATE RECEIVED: _____