



Town of Charlestown

Post Office Box 154
241 Market Street
Charlestown, Maryland 21914

Contact Information Update Form

This form is to be used for the purpose of residents to update their contact information with the Town for billing and emergency purposes. Kindly complete all fields and return to Town Hall at address listed above, either via mail or drop-box, at your earliest convenience.

Contact Information (PLEASE PRINT):

Property Owner: _____

Property Address: _____

Mailing Address, if different: _____

Telephone (daytime): _____

Telephone (evening/alternate): _____

Email Address: _____

Would you like to add your email to our Town Distribution List? ☐ Yes ☐ No

Would you like to receive your utility bill via mail, email or both?

☐ Mail Only ☐ Email Only ☐ Mail AND Email

Tenant Information (if applicable):

Name: _____

Mailing Address, if different: _____

Telephone (daytime): _____

Telephone (evening/alternate): _____

Email Address: _____

Who would you like to receive the quarterly utility bill?

☐ Owner Only ☐ Tenant Only ☐ Owner AND Tenant

For Town Hall Staff Only:

Location ID: _____

Date Received: _____

Date Recorded: _____