



Town of Charlestown

241 Market Street, P.O. Box 154
Charlestown, Maryland 21914
(410) 287-6173
www.charlestownmd.org

Resident Contact Information Form

This form is to be used for the purpose of residents to provide their contact information to the Town for billing and emergency purposes. Kindly complete all fields, as applicable, and return to Town Hall. Thank you!

Contact Information (PLEASE PRINT):

Property Owner(s), as listed on deed:*

Property Address:*

Mailing Address, if different:

Telephone (primary):*

Telephone (alternate):

Email Address(es):

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

Mail Only

Email Only

Mail AND Email

Would you like to add your email to our Town Distribution Lists?

Yes

No

-- If so, choose the list(s) you'd like to be added to:

☐

Boating – Town Pier/Boat Ramp

☐

Critical Updates

☐

Events

☐

Green Team

☐

Meetings

☐

Newsletters

☐

Watershed Master Plan

Tenant Information (IF APPLICABLE):

Name(s):

Mailing Address, if different:

Telephone (primary):

Telephone (alternate):

Email Address(es):

Who should receive the quarterly utility bill?

Owner Only

Tenant Only

Owner AND Tenant

Please complete and return to Town Hall. Thank you!