

LaVale Sanitary Commission
P.O. Box 3325
1 Roselawn Ave
LaVale, MD 21504-3325
301-729-1638

Date: _____

TO: LaVale Sanitary Commission
PO Box 3325
LaVale MD 21504-3325

I _____ hereby request all future billing for _____
(Property Owner's Name-Please Print) (Service Address)

in LaVale, MD to be sent to the alternate address provided below. I understand that if this form is not filled out, signed and returned before the next billing cycle future bills will go to the service address.

Name: _____
(Property Owner's Signature)

Alternate Address: _____

Telephone No: _____
(Must have alternate phone number for emergencies)

At such time that this information should change, I will notify the LaVale Sanitary Commission immediately.

Account No: _____