

City of Wilmington



MICHAEL S. PURZYCKI
Mayor

BILLING NAME AND ADDRESS CHANGE

*Service Address: _____

PLEASE PRINT "LOCATION OF PROPERTY" LEGIBLY

Please send all future **Water/Sewer Bills** for the above property . . .

TO THE FOLLOWING NAME AND ADDRESS:

Effective Date: _____
(MO / DAY / YR)

Name: _____

Address: _____

PLEASE PRINT LEGIBLY

IMPORTANT NOTIFICATION

The City of Wilmington **does not** put bills in Tenant's Name. As the owner of the property, please be fully aware that **Water/Sewer and Real Estate Taxes** are a **LIEN ON THE PROPERTY**. The **OWNER** of this property is **TOTALLY RESPONSIBLE** for the Water/Sewer and Real Estate Tax Bills.

*Printed Owner's Name: _____

*Owner's Signature: _____

*Owner's Phone #: _____

*Owner's Address: _____

Email Address: _____

ITEMS MARKED WITH AN ASTERISK (*) ARE REQUIRED

RETURN COMPLETED FORM (IN PERSON OR BY MAIL)

City of Wilmington / Division of Revenue, 1st Floor, 800 North French Street, Wilmington, DE 19801
Phone: (302) 571-4320 • Fax: (302) 571-4195

OFFICE USE ONLY

Ownership Change

Mailing Address Change

Utility Account #: _____ Tax Parcel #: _____

Change Completed By: _____ (initials) Date Completed: _____
(MO / DAY / YR)

TO CHANGE PROPERTY TAX INFORMATION, PLEASE CONTACT NEW CASTLE COUNTY AT (302) 323-2600