

TOWN OF CHINCOTEAGUE, INC.  
6150 COMMUNITY DRIVE  
CHINCOTEAGUE, VA 23336  
PHONE: 757-336-6519  
FAX: 757-336-1965

Account # _____
Cycle ____ Book ____ Route ____

**NOTICE OF CHANGE OF OWNERSHIP AND/OR ADDRESS**

Change of Ownership

Change of Address

Property Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (W) \_\_\_\_\_

Social Security #: \_\_\_\_\_ D/L #: \_\_\_\_\_ State \_\_\_\_\_

**(If this is a change of ownership – complete the following)**

Previous Owner's Name: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**DATE OF SETTLEMENT:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is this going to be a rental property? YES NO If yes:  Yearly  Monthly  Transient

<b><u>FOR TOWN OFFICE USE ONLY:</u></b>	(Info. Received By: _____)
This information was received: From: _____	Date: _____
Other Account #'s: B/L _____	M/T _____ T/O _____
Changes Made By: B/L _____	M/T _____ T/O _____
Water: _____	
Notes/Comments: _____	
_____	
_____	
_____	