



FREDERICK COUNTY TREASURY DEPARTMENT
30 N. MARKET STREET
FREDERICK, MD 21701
301-600-1111
treasuryquestions@frederickcountymd.gov

APPLICATION FOR THIRD PARTY NOTIFICATION FOR REAL PROPERTY TAXES

Due Date: June 1 before the tax year that begins July 1

I request that a duplicate of any tax bill or statement of unpaid taxes with respect to my property as described below be mailed to the person whom I have designated. In making this request, I understand that neither Frederick County government, the Director of Treasury, nor any other Frederick County government employee, has any liability if for any reason the duplicate is not mailed to or not received by my designee.

SECTION 1: TAXPAYER INFORMATION

Date of Application _____ Property Tax Account Number _____

Owner/Applicant's Name _____

Property Address _____ City & State _____ Zip _____

Phone Number _____ Email Address _____

The Owner/Applicant is (check one) At least 65 years of age OR Disabled*

Signature _____ Date _____

SECTION 2: TAXPAYER DESIGNEE INFORMATION

Third Party Name _____

Mailing Address _____ City & State _____ Zip _____

Phone Number _____ Email Address _____

Relationship to Owner/Applicant _____

Signature _____ Date _____

SECTION 3: PHYSICIAN S CERTIFICATION FOR DISABLED APPLICANTS

*If you checked "Disabled" above, this section must be completed by a physician.

Physician's Name _____

Office Address _____ City & State _____ Zip _____

Maryland License Number _____ Date of Issue _____

Patient's Name _____

Patient's Address _____

Does patient have a physical or mental impairment that substantially limits
at least one major life activity (e.g., walking)?

Yes No

Please describe _____

I certify that all statements made in this section are true and correct to the best of my knowledge and professional belief.

Signature _____ Date _____