

## Regulated Entities Change of Billing Contact Information

PLEASE TYPE:

**Fiscal Code#:**

*(starts with A, B, C, IR, M,N...etc.)*

Company Name:

Company Address:

City, State and Zip Code:

Billing Contact Name:

Billing Contact Phone Number:

Billing Contact Email Address:

Do you use a 3rd party Compliance Company      Yes ☐ No ☐  
(If yes, please provide their contact information below:)

**3rd party Compliance Company (see below):**

Company Name:

Company Address:

City, State and Zip Code:

Contact Person:

Contact Person Phone Number:

Contact Person Email Address:

**Note: If your company is changing its physical location this information needs to be filed (electronically or by mail) with the PSC using your company letterhead.**

*Please type and submit completed forms to [inquiries.fiscal@maryland.gov](mailto:inquiries.fiscal@maryland.gov)*