



## ADDRESS REQUEST APPLICATION

DATE: \_\_\_\_\_

FILE NO. \_\_\_\_\_

**1. Type of Application requested:**

(Select One):  Address Assignment  Change of Address  Address Verification

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2. Property Identification:**

Subdivision or Survey Name: \_\_\_\_\_

Lot (Tract): \_\_\_\_\_ Block: \_\_\_\_\_ PID or Geo #: \_\_\_\_\_

Number (if applicable): \_\_\_\_\_ Street: \_\_\_\_\_

Existing Use: \_\_\_\_\_

**3. Property Owner Information:**

Property Owner Name: \_\_\_\_\_

Property Owner's Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Representative (if different from property owner): \_\_\_\_\_

Representative Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**4. Signature of Property Owner:**

PROPERTY OWNER SIGNATURE <sup>(Note #2)</sup>: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES:**

- 1) SUBMITTAL OF AN APPLICATION DOES NOT CONSTITUTE ACCEPTANCE FOR PROCESSING UNTIL THE PLANNING DEPARTMENT REVIEWS THE APPLICATION FOR ACCURACY AND COMPLETENESS.
- 2) YOU MAY SKIP PROPERTY OWNER SIGNATURE WHEN REQUESTING AN ADDRESS VERIFICATION.