



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 ^(Note #2): _____ 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.