



ADDRESS AND STREET NAME APPLICATION

Note: By submitting this request in writing, you certify that you are qualified to make this request and are taking responsibility for any changes made.

Applicant: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I am:

- | | |
|--|--|
| <input type="checkbox"/> Requesting a NEW address | <input type="checkbox"/> Requesting to CHANGE my EXISTING address |
| <input type="checkbox"/> Requesting a NEW street name | <input type="checkbox"/> Requesting to CHANGE my EXISTING street name |

Existing Address and/or Street Name: _____

If Multiple Addresses, please attach a separate sheet

Proposed Address or Street Name: _____

Map and Tax Lot Number: ____ S ____ E ____ TL _____

Nearest Cross Street: _____

This property is: Across the street from: Next door to :

(Neighbor's Address) _____

Please include the following with this application when submitted:

- Descriptive map with property clearly marked
- Separate sheet with names and addresses of others to be notified of results (if applicable)
- Separate sheet of any multiple addresses on property (if applicable)
- Any additional useful information (optional, but will help move things quicker)

Addresses take at LEAST one week to research and route through Emergency Services. **Thank you** for your cooperation. The results of this application will mailed to the address specified above.

*** OFFICIAL USE ONLY BELOW THIS LINE ***