



Address Request Form

APN (Assessor's Parcel Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_
Road Name \_\_\_\_\_ Nearest Cross Street \_\_\_\_\_

Owner Name \_\_\_\_\_ Applicant Name \_\_\_\_\_
Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_
City, State \_\_\_\_\_ Zip \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_
Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Current Occupant or Tenant (i.e. Business Name): \_\_\_\_\_

Is there a permit associated with your request? No [ ] Yes [ ] Permit Number: \_\_\_\_\_

New Address [ ] Address Change [ ] Additional Address [ ] Other [ ]
Please explain in detail reason for request: Vague or unclear explanations may cause delay or denial of address.
Additional pages may be added if necessary

Please attach the following documents:
1) Grant Deed
2) Assessor's Records
3) Any other documents (i.e. request from Utility Company/Post Office, etc.) to support your address request
4) A complete single line drawn site plan, not an aerial photo, on a minimum 8 1/2 X 11 showing the following items:
a) Show Entire Parcel with all Dimensions
b) Easements
c) The Direction North
d) All Setbacks from: Property Lines, Existing Structures, Pools, Etc.
e) All Driveway Locations and Width
Drawing does not have to be professionally done and can be hand drawn but MUST be clear and legible

FEES FOR ADDRESSING
Addressing Fees are 111.00 per hour with a 1/2 hour minimum deposit of \$56.00 required.
A deposit based on 1/2 hour minimum charge is required for new addresses requests, reassignments or address research. If item requires more than 1/2 hour of staff time additional fees may be due.

Please note incomplete submittals may cause delay or denial of address issuance. Additional documents or information may be required.
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Area is for Official Use Only: Received By: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_
Total Staff Time: \_\_\_\_\_ Remaining Fees Due: \_\_\_\_\_
Updated 03/2023