



APPLICATION #: ADDR-_____

ADDRESS ASSIGNMENT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT

DATE: _____

APPLICANT INFORMATION

NAME: _____			
ADDRESS		TELEPHONE NO.	
_____		_____	
CITY	STATE	ZIP CODE	E-MAIL
_____	_____	_____	_____
SIGNATURE: _____			

PROPERTY OWNER INFORMATION

PROPERTY OWNER: _____			
ADDRESS		TELEPHONE NO.	
_____		_____	
CITY	STATE	ZIP CODE	E-MAIL
_____	_____	_____	_____
NAME: _____	SIGNATURE: _____		

PROJECT INFORMATION

PROJECT NAME		TAX ASSESSOR'S PARCEL #(S):	
_____		_____	
SELECT APPLICABLE			
<input type="checkbox"/>	PERMANENT	<input type="checkbox"/>	TEMPORARY
<input type="checkbox"/>	BUILDING	<input type="checkbox"/>	STRUCTURE
<input type="checkbox"/>	UTILITY METER	<input type="checkbox"/>	OTHER
ATTACH AN 8½" x 11" OR 11" x 17" EXHIBIT DEPICTING THE LOCATION OF THE BUILDING(S), STRUCTURE(S) AND/OR METERS TO BE ADDRESSED, THE ADJOINING STREET(S) AND THE PROPOSED ADDRESSES			

EXISTING ADDRESS: N/A

PROPOSED ADDRESS(ES)*

TRACT #	LOT #	STREET #	STREET NAME	STREET SUFFIX	SUITE/ UNIT #	APPR-OVED
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

***FOR ADDRESS ASSIGNMENT REQUESTS INVOLVING 8 OR MORE ADDRESSES, PLEASE COMPLETE APPLICANT, PROPERTY OWNER AND PROJECT INFORMATION FIELDS ABOVE, AND USE SUPPLEMENTAL FORM/TABLE/SPREADSHEET FOR PROPOSED ADDRESSES. SUBMIT TABLE/SPREADSHEET ON CD, FLASH DRIVE OR VIA E-MAIL TO PROJECT PLANNER**