

APPLICATION FOR NEW ADDRESS

APPLICANT'S NAME: _____ PHONE # (_____) _____

CURRENT ADDRESS: _____ CITY _____ STATE _____ ZIP _____

SITE LOCATION (Road Name & City): _____

PARCEL NUMBER: _____

TYPE OF STRUCTURE: _____

DRIVING DIRECTIONS TO SITE FROM CLOSEST ROAD INTERSECTION: _____

PLEASE MARK YOUR DRIVEWAY SO WE CAN LOCATE IT EASILY

MAP: Draw a basic map showing the closest road intersection and location of your driveway. Include road names.

Signature of Applicant

Date

For Department Use Only:

Assigned Address: _____

City _____ State _____ Zip _____

Approved By: _____