

**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: \_\_\_\_\_