





Application for **Physical Address Change**

Applicant Information

Name of Applicant:	
Applicant Phone Number:	Applicant Fax Number:
Applicant Mailing Address (Current):	
Applicant Email Address:	
Relationship of Applicant to Property:	☐ Tenant ☐ Lessee ☐ Other
Name of Authorized Agent (if applicable):	
Agent Phone Number:	Agent Fax Number:
Agent Mailing Address:	
Agent Email:	
Address Information	
Type of Building: ☐ Single Family Dwelling ☐ Multip	ole Family Dwelling
Address(es) Requesting Change:	Brief description for address change request:
The following items shall be submitted along with this appl	ication.
Required Materials:	
a) Signatures of all owners of the property requesting	g a change of address
I hereby affirm that the above information is true to the be	
Applicant Signature: Date:	
Applicant signature.	Date
FOR USE BY STAFF – DO NOT WRITE HERE	
Existing Address(es):	Date Received:
New Address(es) Issued:	Address Map Book Page Number:
Approved By:	Date:
Notes:	