Address Request Application

Action Requested (check all that apply)

☐ New Address ☐ Change Address ☐ Secondary Addresses

Address Type (check all that apply)

☐ Residential ☐ Commercial ☐ Vacant Parcel ☐ Utility

Location

_____

_____

Contact Information

Name: _____ Application Date:_____

Address: _____

Phone:_____ Email: _____

☐ Owner ☐ Contractor ☐ Architect ☐ Engineer ☐ Other: _____

Required for secondary addressing:

- Floor Plan (one for every floor in multi-floor & multi-unit buildings)

Related Application Number(s): _____

Internal Use Only

Address Application Number: _____ Notification Sent Date: _____

Proposed Address(es): _____

_____

_____

Tax Map Number(s):_____

_____

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