



# DEPARTMENT OF PUBLIC WORKS

## Real Property Services Address Change Application Form

<b>PROJECT NAME:</b>		<b>LOCATION:</b>
<b>ASSESSOR PARCEL NUMBER(S):</b>		
Existing Zoning:	Comprehensive Plan Land Use:	Gross Acres:
Section:	Township:	Range:
Gross Acres:	Current Zone:	Proposed Zone / Land Use:
Intent of this Request:		
Related Application:		

<b>Owner</b>	Name:	Phone (    )
	Address:	
	City:	State:
<b>Applicant</b>	Name:	Phone (    )
	Address:	
	City:	State:
<b>Contact</b>	Name:	Phone (    )
	Address:	E-mail address:
	City:	State:

<p><b>SIGNATURE OF OWNER(S)</b></p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Subscribed and sworn before me this _____ day of _____, 20_____.</p> <p>_____</p> <p>Notary Public</p>	<p><b>FOR DEPARTMENT USE ONLY</b></p> <p>Amount _____</p> <p>Check No. _____</p> <p>Date Accepted _____</p> <p>Accepted by _____</p>
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Where multiple ownership, submit notarized signatures of each owner and appropriate Power of Attorney