



ADDRESS CHANGE APPLICATION

PUBLIC WORKS DEPARTMENT
DEVELOPMENT SERVICES DIVISION - ADDRESSING SECTION

APPLICATION NUMBER (STAFF USE ONLY):

| | |
|---|--|
| DATE APPLICATION COMPLETED | |
| PROPERTY OWNER(S) NAME(S) | |
| CURRENT ADDRESS <i>(If any)</i> | |
| REAL ESTATE (RE) NUMBER | |
| PROPERTY OWNER EMAIL(S) | |
| REASONING FOR REQUEST <i>If reasoning does not fit in this section, please include it in your email to the Addressing Section</i> | |

I hereby certify that I am the owner and that all of the information contained in this application is true and correct to the best of my knowledge.

(Signature of Owner)

STATE OF _____

COUNTY OF _____

Sworn to and subscribe and acknowledge before me by means of [] physical presence or [] online notarization, this _____ day of _____ 20____, by _____, who is personally known to me or who has produced _____ as identification and who took an oath.

(Notary Public Signature)

My Commission Expires:_____

(Notary Public Printed Name)