

Address Request Form

Email: addressing@cityofsacramento.org

Contact Information

Applicant Name: _____ Application Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Site Information

Parcel number(s): _____

Property Address (if known): _____

Reason for Request:

New Address (currently no address) Change Address (delete existing address) Additional Address

Attachment (may be required):

Site Plan with building footprint, unit outline, unit main entrance, and driveway or property's main access to street

Floor Plan (needed for multi-floor & multi-suite buildings)

A Valid Driver's License _____

Letter of Agency (if not property owner or contractor)

Address Type:

Situs

Residential

Single Family

Duplex

Second Residential Unit

Commercial

Condo

Apartment

Office Building

Retail

Utilities

Park Site

Industrial

Other: _____

Will mail be delivered to this address? Yes No Zip Code _____

Related Application Number(s): _____

Internal Use Only

Address Application Number: _____ Notification Sent Date: _____

Proposed Address: _____
