



City of Albany Address Assignment Request Form

Date: _____

APPLICANT INFORMATION:

Name: _____ Phone: _____

Mailing Address: _____

Business Name (if Applicable) _____

Email Address: _____

PROPERTY INFORMATION:

Location/Description of Property: _____

Map and Tax Lot: _____

If request is for an address change, list current address: _____

Are there any buildings changing occupancy? _____

Purpose for address? _____

Is there an existing dwelling on the lot? _____

Is this a newly assigned tax lot? _____

If yes, has the recording been submitted to the City for approval? _____

Please allow up to 5 (five) working days for the address assignment

Attach Copy of Plot Plan

For Office Use Only:

B-	E-	W-

Assigned Address Is: _____