

CITY OF ALPHARETTA
COMMUNITY DEVELOPMENT DEPARTMENT
REQUEST FOR NEW ADDRESS



At the time of submission this form must be completed in full and all requested information attached.

If you have questions regarding the form, please contact the Community Development Department at 678.297.6070.

Please allow 10 working days for completion of addressing.

FOR OFFICE USE ONLY

Case # _____

Date In _____

Date Out _____

Applicant Information:

Contact Name _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____

Property Information:

Parcel ID Number _____

Land Lot(s) _____ District / Section _____

The following minimum information must be provided with this form at the time of application submission:

- Location Map (*Minimum Size = 8^{1/2} inches x 11 inches*) with Subject Property, Surrounding Streets, and Surrounding Addresses Noted

Property Use Type:

Please select one of the following to indicate the use of the property:

- Residential
- Commercial

- Utility *Please specify utility type and service area. If the utility is to serve a single address, please specify the address to be served.*

- Other Use (*Please Specify*)