



ADDRESS REQUEST APPLICATION

Community Development Department / Planning Division
3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818
www.ci.lemon-grove.ca.us

APPLICANT:	PHONE:
ADDRESS:	FAX:
	EMAIL:

OWNER (IF NOT SAME)	PHONE:
	FAX:
	EMAIL:

EXISTING STREET ADDRESS(ES)	APN	ZONE
1.		
2.		
3.		
4.		

CITY USE ONLY – NEW ASSIGNED ADDRESS(ES)	APN	ZONE
1.		
2.		
3.		
4.		

REASON FOR ADDRESS REQUEST

I CERTIFY THAT I AM THE LEGAL OWNER'S REPRESENTATIVE AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

I CERTIFY THAT I AM THE LEGAL OWNER AND THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date

TO BE COMPLETED BY PLANNING STAFF	
FILE #(s):	DATE:
FEES:	RECEIPT #:

COMMENTS AND/OR CONDITIONS