

DOUGLAS COUNTY ADDRESS NUMBER APPLICATION

DATE FILED: _____

PROPERTY OWNER: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #'s:

HOME: _____ CELL: _____ WORK: _____

APPLICATION FOR TOWN OR VILLAGE OF: _____

NAME OF ROAD: _____

LEGAL DESCRIPTION: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

TAX PARCEL NUMBER: _____

WILL THIS BE YOUR PERMANENT MAILING ADDRESS? YES _____ NO _____

IF NO, STATE YOUR PERMANENT MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

*****COMPLETE REVERSE SIDE OF APPLICATION*****

FOR COUNTY USE ONLY

NEW ASSIGNED NUMBER: _____ E or S _____

COST: \$50.00 RECEIPT#: _____ DATE PAID: _____

VENDER#: _____

COPIES TO: EMERGENCY MANAGEMENT
SHERIFF'S DEPARTMENT
FIRE DEPARTMENTS

REGISTER OF DEEDS
TAX LISTER
TOWN/VILLAGE

NAME(S): _____

PARCEL #: _____

NEW ADDRESS: _____

