



CITY OF SEDONA
ADDRESS REQUEST FORM

Public Works -- Phone (928)204-7111 -- FAX (928) 282-5348

Date: _____

Permit Number _____

Received By: _____

Address Request

Request to change official address:

Current Address: _____

Requested Address: _____

Applications will not be accepted or considered complete until all information is submitted.

ASSESSOR'S PARCEL NUMBER: _____

COMPLETE SUBDIVISION NAME: _____

SUBDIVISION LOT NUMBER: _____

NAME OF STREET PROVIDING PRINCIPAL ACCESS TO PARCEL:

LEGAL OWNER OF PARCEL: _____

NOTE: The person requesting this information must be the legal owner of the property or have power of attorney from the legal owner.

NAME, TITLE (If Applicable), ADDRESS, and PHONE NUMBER of person making this request:

PHONE: _____ FAX: _____

() The Official Address is: _____

Date _____ **Initials** _____

() The Official Address has been changed to: _____

Date _____ **Initials** _____

NOTE: Per City Code 7-16-7(C)(1,2,3,4,5,6), Street Number are the responsibility of the property owners and must be per the above referenced City Code. (Copy Attached)

() We were unable to process this request because: _____

Date _____ **Initials** _____