



COMMUNITY DEVELOPMENT

10501 SE Main St.

Milwaukie, OR 97222

503-786-7613

building@milwaukieoregon.gov

ADDRESS AND STREET NAME APPLICATION

Date: _____

Note: By submitting this request in writing, you certify that you are qualified to make this request and are taking responsibility for any changes made.

Applicant: _____

Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

I am:

_____ Requesting a new address number

_____ Requesting to change my existing address number

_____ Requesting a new street name

_____ Requesting to change my existing street name

Please indicate reason for request: _____

Existing address and / or street name: _____

Proposed address and / or street name: _____

Map and Tax Lot Number: _____ S _____ E _____ TL _____

Nearest cross street: _____

This property is located on the _____ West _____ East _____ North _____ South side of the property listed below:

Please add additional useful information for property location if necessary: _____

- Please include map with property clearly marked with your application.
- Please submit a separate application for multiple addresses.
- Addresses requests require a 5 day notice to research and route through Emergency Services.
 - Note: No applications can be submitted until address has been issued.
- Thank you for your request, the results of this application will be emailed to the address specified above.

Office Use Only:

Date Received: _____ Date Completed: _____ By: _____