



**CITY OF SHELTON DEPARTMENT OF
COMMUNITY & ECONOMIC DEVELOPMENT**

525 West Cota Street
Shelton, WA 98584
(360) 426-9731 (Fax) 426-7746

Date Received: _____
Received By: _____
Fee: \$47.00

ADDRESS REQUEST FORM

New Address Address Verification

Requested By:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day/Message Phone: _____

Mail To (If different from above):

Authorized Agent: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day/Message Phone: _____

NOTE: All information is required in order to process your request.

Parcel No. (Tax Acct. No.) 1. _____ - _____ - _____

2. _____ - _____ - _____

Legal Description: _____

Please draw a diagram of your property, including nearest existing named road and nearest existing address. Draw your house and driveway. Indicate northerly direction. Please have your driveway signed or marked for easy identification.

Your New Address Is: _____

Residence shall place, with-in (60) sixty days, the address on the mailbox and place the address number in a conspicuous location on the structure if visible from the named road, or at the principal place of access (driveway entrance) if the house is not visible from the named road. When an address is assigned with a building permit, the new address shall be posted at the principal place of access to the construction site at the time construction begins and shall be placed on the mailbox upon occupancy.