

**TOWN OF LOS ALTOS HILLS**

26379 Fremont Road, Los Altos Hills, CA 94022

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[www.losaltoshills.ca.gov](http://www.losaltoshills.ca.gov)



# Address Change / Assignment Request Form

(For Town Use)

Project #

Address Change Fee, paid at time of submittal

Receipt #

Requests for a new address will be reviewed and approved by the Town.

1. Changes to the address' number is limited to the **last two digits (2)** of the five (5) digits.
2. If the current address' number is even or odd, the new number must **also be** even or odd.
3. The new address must remain in **numerical order** with the other addresses on the street.

## 1. OWNER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Assessor's Parcel Number (APN)

\_\_\_\_\_  
Property Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

## 2. REQUEST DESCRIPTION:

\_\_\_\_\_  
Reason for Request

First Choice of New Address Number: \_\_\_\_\_

Second Choice of New Address Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Planning Director's Approval

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Engineer

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date