## OAKLAND TOWNSHIP

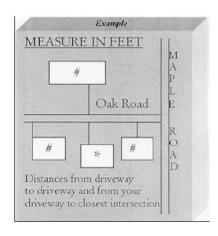
## **ADDRESS REQUEST FORM**

| Date:  |   |
|--|---|
| PRESENT MAILING ADDRESS: **Please pr   | rint clearly**                                |
| Property Owner Name:   | Requestor Name (If not Property Owner:        |
| Current Address:   | Current Address:                              |
| Current City, State, Zip   | Current City, State, Zip                      |
| Daytime Phone:   | Daytime Phone:                                |
| NFORMATION NEEDED FOR ADDRES   | S:  |
| Name the road the <b>driveway</b> connects w   | vith  |
| Closest intersecting road is   |   |
| Previous property owner  |   |
| Tax Parcel Number 250(Can be found on your tax card or to search stance between the closest intersecting in the closest intersection |   |
| As seen from the property facing the r   | oad:  |
| Nearest residence on left: (Name)  | (House #)                                     |
| Nearest residence on right: (Name)   | (House #)                                     |
| Residence across road: (Name)  | (House #)                                     |
| PLEASE DRA   | AW OR PROVIDE A MAP                           |
| Property Owner Signature   | Requester's Signature (if not property owner) |
| Township Use: Initials: Date Received  | d:/ Date Sent to ES://                        |
| PROPERTY ADDRESS ASSIGNED:   |   |

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## PLEASE SHOW THE FOLLOWING INFORMATION:

we count on you to provide accurate measurements.



| location of your home (or proposed home) and new or existing driveway   |  |  |
|---|--|--|
| the closest intersection to your <b>driveway</b> and the distance between them  |  |  |
| location of the nearest neighbors and their house numbers   |  |  |
| distance, in feet, between nearest neighbors' driveways and your driveway   |  |  |
| Addresses are determined by the location of your driveway.  |  |  |
| Remember to measure all distances in feet and try to draw the map as accurately as possible. <b>Driveway distances are very important to the addressing process</b> ; |  |  |