



ADDRESS REQUEST FORM

Please Print Legibly

USE SEPARATE FORM FOR EACH ADDRESS REQUESTED

NAME: _____

CURRENT MAILING ADDRESS: _____

DAYTIME CONTACT PHONE #: _____

E-mail address: _____

LEGAL DESCRIPTION OF PROPERTY:

Include Parcel ID, Section, Range & Township *Attach copies of plat and/or subdivision map indicating location of main driveway.*

Subdivision Name: _____

Detailed driving directions: _____

CREDIT/DEBIT CARD, CASH, CHECK OR MONEY ORDER ACCEPTED FOR \$100.00
MAKE CHECKS PAYABLE TO THE *CITY OF DELTA JUNCTION PO BOX 229 DEBORAH STREET, DELTA JUNCTION, ALASKA 99737*

For Office Use Only:

DATE ADDRESS REQUESTED: _____

DATE ADDRESS ASSIGNED: _____

REFERENCE MAP # _____

BASE# _____

DATE RESIDENT NOTIFIED: _____

DATE GVEA NOTIFIED: _____

Amount Paid \$: _____ Check #: _____ Cash: _____ Debit: _____ Credit: _____