



ADDRESS REQUEST FORM

Please Print Legibly

FEE: \$200

Please use a separate form for each address requested

NAME: _____

CURRENT MAILING ADDRESS: _____

DAYTIME CONTACT PHONE #: _____

EMAIL ADDRESS: _____

LEGAL DESCRIPTION OF PROPERTY:

Include Parcel ID, Section, Range, and Township. Please attach copies of plat and/or subdivision map indicating the location of main driveway.

DETAILED DRIVING DIRECTIONS:

Credit/Debit Card, Cash, Check, or Money Order are Accepted. Make checks payable to "City of Delta Junction" PO Box 229 Deborah Street, Delta Junction, AK 99737

For office use only:

Date of Address Requested: _____

Date of Address Assigned: _____

Reference map #: _____

Base #: _____

Date that Resident was notified: _____

Date that GVEA was notified: _____

Amount Paid: _____ Check #: _____ Cash: _____ Debit/Credit: _____