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 Address Requested: _____ Date Address Assigned: _____

Date Tom(GIS) notified: _____ Date Ernie (VFD) notified: _____

Date Resident was notified: _____ Date GVEA was notified: _____

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