



**La Mirada**  
**Community Development Department**  
**13700 La Mirada Boulevard**  
**La Mirada, CA 90638**  
**(562) 943-0131**

F o r S t a f f U s e			
Date	_____	By	_____
Address Assigned: _____			

### ADDRESS REQUEST APPLICATION

I N F O R M A T I O N	APPLICANT(S) (Please print)	BUSINESS PHONE	CELL PHONE	
		HOME PHONE	EMAIL	
	APPLICANT(S) ADDRESS	CITY	STATE	ZIP
	PROPERTY OWNER(S) (Please print)	BUSINESS PHONE	CELL PHONE	
		HOME PHONE	EMAIL	
	PROPERTY OWNER(S) ADDRESS	CITY	STATE	ZIP
	<b>SUBJECT SITE ADDRESS:</b> _____			
	<b>ASSESSOR PARCEL NUMBER:</b> _____			
	<input type="checkbox"/> <b>New Address Assignment(s) on a Vacant Lot.</b> <input type="checkbox"/> <b>Actual Address Change</b> <input type="checkbox"/> <b>Adding New Address(es) to existing address(es) that will remain</b> <input type="checkbox"/> <b>New Address Assignment(s) where old address(es) will no longer be used.</b> Current Address: _____ <input type="checkbox"/> <b>Temporary Address</b> <input type="checkbox"/> <b>Utility Address</b>			
	REQUESTED ADDRESS: _____ La Mirada, California, 90638			
REASON FOR REQUEST: _____				

**CERTIFICATE AND AFFIDAVIT OF APPLICANT:** I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the request or revocation of any previous approval. I further certify that I am, or have permission by, the property owner to submit this Address Request Application.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE