

# CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH:(541)726-3753 • FAX: (541)726-3689



## ADDRESS CHANGE REQUEST

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person or Agency requesting change if other than owner:  
\_\_\_\_\_

Phone number where you can be contacted between 1:00pm and 5:00pm: \_\_\_\_\_

Address of property you are requesting to be changed:  
\_\_\_\_\_

Assessor Map #:

Tax Lot #:

Please explain specifically why you feel the address needs to be changed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE

Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Reference Number: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved, new address is: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_