



**CITY ADDRESS APPLICATION FORM**

**This space for departmental use:**

ASSIGNED ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

Emergency Service Number: \_\_\_\_\_ Fire District: \_\_\_\_\_

Signature of Address Coordinator: \_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City, State, and ZIP:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

1. NEW CONSTRUCTION \_\_\_ CHANGE OF ADDRESS \_\_\_ ADDITIONAL ADDRESS \_\_\_

- **ADDITIONAL ADDRESS REQUIRES BUILDING DIVISION APPROVAL (447-8438)**

**BUILDING DIVISION INITIALS AND DATE:** \_\_\_\_\_

**PREVIOUS ADDRESS** (If Changing) \_\_\_\_\_

2. **RESIDENTIAL** \_\_\_ **MULTI-FAMILY** \_\_\_ (# Units \_\_\_) **COMMERCIAL** \_\_\_

**GEO CODE NO:** \_\_\_\_\_ (Mandatory for address to be assigned)

Owner or contractor must obtain this number from Department of Revenue, 5 Last Chance Gulch

**LEGAL DESCRIPTION:**

Name of Subdivision: \_\_\_\_\_

Block Number: \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

**ROAD NAME/ORIENTATION OF PROPERTY:** Please describe the location of your property in relation to the nearest road, i.e. north, south, east or west of. (Example: South side of Prospect Ave)

**FORM MUST BE FILLED OUT COMPLETELY BEFORE ADDRESS WILL BE ASSIGNED!!**

**City-County Address Coordinator, IT&S**  
316 North Park Avenue, Room 207  
Helena, MT 59623  
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