

CITY of EAST HELENA

CITY ADDRESS APPLICATION FORM

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| <p>This space for departmental use:</p> <p>ASSIGNED ADDRESS: _____ DATE: _____</p> <p>Emergency Service Number: _____ Fire District: _____</p> <p>Signature of Address Coordinator: _____</p> |
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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**____

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!!