



City of Helena

CITY ADDRESS APPLICATION FORM

PLEASE COMPLETE ENTIRE 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: _____

ADDRESS TYPE:

1. NEW CONSTRUCTION _____ CHANGE OF ADDRESS _____ ADDITIONAL ADDRESS * _____

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

Building Division Initials and Date: _____

2. RESIDENTIAL _____ MULTI-FAMILY _____ (# OF UNITS _____) COMMERCIAL _____ (# OF UNITS _____)

GEOCODE: _____

LEGAL DESCRIPTION:

Subdivision Name or Certificate of Survey Number _____

Block Number _____ Lot Number _____ Section _____ Township _____ Range _____

LOCATION:

Please describe the existing or anticipated location of your structure in relation to the parcel (Example – south side of Prospect Ave). Please provide a drawing if necessary.

*** PLEASE PROVIDE A COPY OF THE FILED CERTIFICATE OF SURVEY OR DEED ***

City-County Address Coordinator, IT&S

316 North Park Ave, Room 207

Helena, MT 59623

Phone: (406) 447-8367 E-mail: addressing@lccountymt.gov