



COMMUNITY DEVELOPMENT

ADDRESS CHANGE APPLICATION

Contact Information

Applicant: _____ Phone: _____

Address: _____ Email: _____

Owner: _____ Phone: _____

Address: _____ Email: _____

Property Information

Current Site Address: _____

Tax map & lot number: _____

Proposal

Reason For Address Change Request: _____

To the best of my knowledge, all statements and information contained in this application and attached exhibits are true and correct. I authorize City of Bend staff and/or Hearings Body to enter the property for inspection of the site in conjunction with this land use application.

Owner: _____ Date: _____