



ADDRESS ASSIGNMENT REQUEST

Check one: <input type="checkbox"/> New assignment <input type="checkbox"/> Reassignment	Staff Only	Date Received:	Receipt No:
Property Information			
Current Property Address:		Proposed Property Address:	Assigned Address:
Tax Parcel #			
Legal Property Owner (List all)			
Name(s):		Email:	
Phone:			
Mailing Address:		City:	State: Zip:
Legal Property Owner			
Name:		Email:	
Contact Phone:		Alternative Phone:	
Mailing Address:		City:	State: Zip:
Agent / Primary Contact			
Name:		Email:	
Contact Phone:		Alternative Phone:	
Mailing Address:		City:	State: Zip:
Describe Reason for Request			
Submittal Requirements			
<ul style="list-style-type: none"> Proof of Ownership (Recorded deed or recorded transfer of title) Declaration of Agent form (if applicable) Application Fee <p>NOTE: Signature(s) on the request must match proof of ownership. If ownership is an LLC or Trust, provide documentation of legal authorization.</p> <p>This request is not a guarantee that the desired address will be assigned. Only addresses which comply with King County addressing rules and are logical for emergency responders as determined by the Building Official will be assigned. Fee is not refundable.</p> <p>I declare under penalty of perjury that I am the owner of the above property or the duly authorized agent of the owner(s) and that all applicable information furnished in support of this application is true, correct and complete.</p>			
Print Name: _____ Signature: _____		<input type="checkbox"/> Owner <input type="checkbox"/> Agent (check one) Date: _____	
Print Name: _____ Signature: _____		<input type="checkbox"/> Owner <input type="checkbox"/> Agent (check one) Date: _____	