Questions? Please email: addressing@cityofboise.org

## REQUEST FOR CHANGE OF ADDRESS

FEES				Please check one of the following:			
\$ 10.00 x Address Request/Change				☐ Change in Address Number			
	TOTAL FEES DUE			☐ Change in Street and Address			
				☐ Number Additional	Address		
				☐ Variance from Address Ordinance			
ADDRESS INFOR	MATION						
EXISTING ADDRESS							
DECLIFOTED ADDRESS	Street			City	Zip		
REQUESTED ADDRESS					7:-		
	Street			City	Zip		
APPLICANT							
PARCEL OWNER'S NAM	1E						
	First		Middle	Last			
APPLICANT NAME	Eirct		Middle	Last			
APPLICANT MAILING A	Street Ac	dress/PO Box	x	City		Zip	
EMAIL ADDRESS				PHONE			
AND ANY FIRE A	LARM BOXES.			RY, BUILDING OUTLINE, LC			
PARCEL OWNER'S SIGNATURE					DATE		
heard by Boise City Council. A	dditionally, please be aware	of the follow	ing: Boise City	est may be submitted. Please submit a Code, Variances states, "the applicant to the health, safety and welfare of the	must specifically state, in writing		
OFFICE USE OF	NLY						
Address Request/Change	e Reviewed:	Approved	☐ Denied				
Addressing Technician Au	uthorized Signature:				Date:		
Planning and Developme	nt Services (PDS):	Approved	☐ Denied	$\square$ See attached comments			
PDS Authorized Signature	e:				Date:	_	

BOISE CITY HALL: 150 N. Capitol Boulevard, Boise, Idaho 83702 | P: 208-608-7150 | TTY: 800-377-3529