ADDRESS ASSIGNMENT REQUEST

Town of Woodside
2955 Woodside Road
Woodside, California 94062
650-851-6790
www.woodsideca.gov

NEWA# _____

Current Property Address: _____
(if one exists)

Parcel Number (APN): _____

Property Owner Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Reason for the request:

_____

Property Owner's Signature: _____ Date: _____

For Staff Completion

Proposed Address – Town of Woodside:

_____

Proposed Address – Woodside Fire Protection District:

_____

Fire District Comments:

_____

_____ _____
(District Staff Signature) (Date)

Planning Department Comments:

_____

_____ _____
(Planning Staff Signature) (Date)