CITY OF HEMET-DEPARTMENT OF LIFE SAFETY
Request for Address Change

Assessor Parcel Number(APN#)_____

Any addresses assigned to site or property (please also show on plot/site plan):

_____

_____

_____

_____

Reason for Request
(Briefly Explain):_____

_____

_____

_____

I have attached a site/plot plan for the above listed property which includes the following:

1. **Existing Buildings and their current addresses (include suite and unit numbers, if any).**
2. **Address of adjacent lots. (This must be included even if the adjacent lot is on the other side of a across street).**
3. **Location of front door(s) or main entrance(s) and dimensions from major cross streets.**
4. **Locations of driveways and dimensions from major cross streets.**
5. **All property lines.**
6. **North arrow.**
7. **Streets and nearest cross streets.**

I certify that I am the property owner or authorized agent for the above listed site.

_____ _____

(Signature) **(Date)**

Contact information:

Name:_____

Address:_____

Phone No.:_____

REVISED 7/2023