



TOWN OF LOS GATOS
ADDRESS REQUEST FORM
FEE: \$199.00 PER ADDRESS

Payment and Vicinity Map minimum size 8 ½" x 11" or maximum size 11" x 17" MUST be submitted with application.

ASSESSOR'S PARCEL NUMBER (APN) – REQUIRED: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Email: _____ Phone: _____

Signature of Property Owner: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email: _____ Phone: _____

☐ **Address Confirmation** ☐ **Add Suite or Unit Numbers** ☐ **Add Address** ☐ **Change Address**

Current Address is: _____

Occupancy Type: _____

Reason for Request: _____

Do you wish to DELETE any addresses on your parcel? ☐ Yes ☐ No

CONFIRM ADDRESS AND/OR SUITE/UNIT NUMBERS

Confirm Existing Address: _____

Confirm Existing Suite/Unit Numbers: _____

ADD SUITE/UNIT NUMBERS TO EXISTING ADDRESS

Existing Suite/Unit Numbers: _____

Requested Suite/Unit Numbers: _____

ADD AN ADDRESS TO EXISTING STREET

Requested Address: _____

CHANGE EXISTING ADDRESS

Existing Address: _____

Requested Address: _____

ADDRESS OR SUITE/UNIT NUMBERS TO BE DELETED

Address(es) to be deleted: _____

Suite/Unit Number(s) to be deleted: _____