



City of Leavenworth

700 Highway 2 / Post Office Box 287
Leavenworth, Washington 98826 (509)
548-5275 / Fax: (509) 548-6429 Web:
www.cityofleavenworth.com

Address Request Form

Please print with blue or black ink or use auto-fill to complete.

Reason for Request (check all that apply)

- New Address
- Change of Address
- Additional Address
- Problem with Current Address

Address request for:

- Single-Family Residence
- Accessory Dwelling Unit / Duplex Dwelling
- Multifamily Residence
- Commercial/Industrial Property
- Undeveloped land
- Other: _____

Site Information

Site Address: Access _____ Parcel Number: _____

Road Name(s): _____

Applicant/Owner (owner or person authorized by the owner to make application and sign)

Last Name: _____ First Name: _____

Business Name: *(if applicable)* _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Property Owner (if different from the applicant)

Last Name: Mailing _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Required Materials

- Please use the back of this application to draw a site map identifying the subject parcel(s) with:
 - ❖ All streets and alleys;
 - ❖ Driveway locations;
 - ❖ All residential or commercial structures (existing & proposed).

- Any comments or information that would assist the city in processing your request.

Signature: _____

(Property Owner)

Address assignments will be sent out in writing, either by US mail or via email.

OFFICIAL USE ONLY		
Received:	Address Request Number:	
Receipt:	Reviewed by:	
Staff Review Notes:		
Address Assigned/Action:	Applicant Notified by:	Agency Notification:
	<input type="checkbox"/> email <input type="checkbox"/> USPS	<input type="checkbox"/> email _____ (date)

Site Map

(Not to Scale)



Include subject parcels with all streets, alleys, driveway locations, and structures.