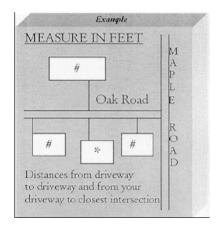
ADDRESS REQUEST FORM

Date:	
PRESENT MAILING ADDRESS: **Please print clearly**	
Property Owner Name:	
Current Street Address:	
Current Phone Number: Home:	Work:
Name of Requester (if not property owner):	
Requester's Street Address:	
Requestor's Phone Number: Home:	Work:
INFORMATION NEEDED FOR ADDRESS:	
Name the road the <u>driveway</u> connects with	
Closest intersecting road is	
Previous property owner	
Please provide the following information:	
Tax Parcel Number 6 0	
(May be obtained from township tax collector, township office or	
Distance between the closest intersecting name road	and your driveway: (In feet)
As seen from the property facing the road:	
Nearest residence on left: (Name)	(House #)
Nearest residence on right: (Name)	(House #)
Residence across road: (Name)	(House #)
PLEASE DRAW OR PR	OVIDE A MAP
Property Owner Signature	Requester's Signature (if not property owner)
PROPERTY ADDRESS ASSIGNED:	

OAKLAND TOWNSHIP

PLEASE SHOW THE FOLLOWING INFORMATION:

we count on you to provide accurate measurements.



location of your home (or proposed home) and new or existing driveway	
the closest intersection to your driveway and the distance between them	
location of the nearest neighbors and their house numbers	
distance, in feet, between nearest neighbors' driveways and your driveway	
Addresses are determined by the location of your driveway.	
Remember to measure all distances in feet and try to draw the map as accurately as possible. Driveway distances are very important to the addressing process ;	