## OAKLAND TOWNSHIP

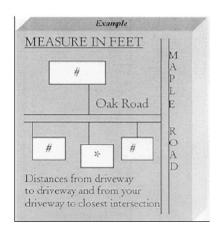
## **ADDRESS REQUEST FORM**

Date:	
PRESENT MAILING ADDRESS: **Please pr	rint clearly**
Property Owner Name:	Requestor Name (If not Property Owner:
Current Address:	Current Address:
Current City, State, Zip	Current City, State, Zip
Daytime Phone:	Daytime Phone:
NFORMATION NEEDED FOR ADDRES	S:
Name the road the <b>driveway</b> connects w	vith
Closest intersecting road is	
Previous property owner	
Tax Parcel Number 250(Can be found on your tax card or to search stance between the closest intersecting in the closest intersection	
As seen from the property facing the r	oad:
Nearest residence on left: (Name)	(House #)
Nearest residence on right: (Name)	(House #)
Residence across road: (Name)	(House #)
PLEASE DRA	AW OR PROVIDE A MAP
Property Owner Signature	Requester's Signature (if not property owner)
Township Use: Initials: Date Received	d:/ Date Sent to ES://
PROPERTY ADDRESS ASSIGNED:	

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## 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 <b>driveway</b> 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. <b>Driveway distances are very important to the addressing process</b> ;		