



OREGON CITY

Community Development – Building

695 Warner Parrott Rd | PO Box 3040 | Oregon City OR 97045

Ph (503) 722-3789 | Fax (503) 722-3880

ADDRESS AND STREET NAME APPLICATION

Note: By submitting this request in writing, you certify that you are qualified to make this request and are taking responsibility for any changes made.

Applicant: _____

Contact Name: _____ Phone: () _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I am requesting (check all that apply):

- ☐ Addresses for a new SUBDIVISION: Name & File No. _____
- ☐ STREET NAME(S) for a new SUBDIVISION: Name & File No. _____
- ☐ A NEW address or addresses for a RESIDENTIAL building
- ☐ A NEW address or addresses for a COMMERCIAL building
- ☐ CHANGE an EXISTING address
- ☐ REMOVE an EXISTING address
- ☐ A new STREET NAME

Existing Address and/or Street Name: _____
(If multiple addresses, please attach a separate sheet)

Proposed Address and/or Street Name: _____

Map and Tax Lot Number: _____ S _____ E _____ TL _____

Nearest Cross Street: _____

This property is: ☐ Across the street from: _____

☐ Next door to: _____

Please include the following with this application when submitting:

- ☐ Descriptive map with property clearly marked
- ☐ Separate sheet with names and addresses of others to be notified of results (if applicable)
- ☐ Separate sheet of any multiple addresses on property (if applicable)
- ☐ Any additional useful information (optional, but will help move things quicker)

Addresses take at LEAST one week to research and route through Emergency Services.

The results of this application will be mailed to the address(es) specified above.

Thank you for your cooperation.