



**CITY OF SOLANA BEACH**  
**Planning/Community Dev. Dept.**  
**ADDRESS REQUEST FORM**

(Note: Authorization from owner may be required)

**Requested by:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last, First, Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Information:**

APN(s): \_\_\_\_\_

Location: \_\_\_\_\_

Address type: Main: \_\_\_\_\_ Suite: \_\_\_\_\_ Accessory Unit \_\_\_\_\_ Meter (list type below): \_\_\_\_\_

**New Address** \_\_\_\_\_ or **Change of Address** \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(City Use Only)	
Date assigned: _____	By: _____ HTE: _____ Address book: _____ Notify: _____
Address Assigned: _____	
Comments: _____	
_____	
_____	
_____	