ADDRESS CHANGE REQUEST

PUBLIC WORKS DEPARTMENT
RIGHT-OF-WAY MANAGEMENT & PERMITS SECTION

APPLICANT CONTACT INFORMATION

APPLICANT NAME

COMPANY

ADDRESS

CITY ___________________________ STATE _____ ZIP _______________  

PHONE ( ___ ) - _______ CELL (___) - _______ FAX (___) - _____

EMAIL ADDRESS __________________________

PROPERTY OWNER INFORMATION

NAME OF OWNER __________________________

COMPANY

ADDRESS

CITY ___________________________ STATE _____ ZIP _______________  

PHONE ( ___ ) - _______ CELL (___) - _______ FAX (___) - _____

LOCATION INFORMATION

CURRENT ADDRESS

BUSINESS NAME (IF APPLICABLE)

PARCEL IDENTIFICATION NUMBER (TAX ID)

SUBDIVISION ______________________ LOT ________

ADDITIONAL LOCATION DESCRIPTION (IF NEEDED)

REQUESTED CHANGE

PLEASE USE THE SPACE BELOW TO DESCRIBE YOUR REQUESTED CHANGE OF ADDRESS, INCLUDING EXAMPLES OF DESIRED ADDRESSES AND THE REASON FOR YOUR REQUEST.

________________________________________  

________________________________________  

________________________________________  

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BY SIGNING THIS APPLICATION, I AFFIRM THAT I HAVE AUTHORITY TO REQUEST THE CHANGE OF ADDRESS ON THIS PROPERTY AND AGREE TO BE RESPONSIBLE FOR ANY ADDITIONAL CHANGE OF ADDRESS PROCEDURES REQUIRE BY OTHER AGENCIES OR ORGANIZATIONS.

APPLICANT SIGNATURE __________________________ DATE ________________

ADDRESS CHANGED FROM: __________________________ ADDRESS CHANGED TO: __________________________

Comments:

Approved by:

Q U E S T I O N S (3 0 9 ) 4 9 4 - 8 8 0 3

City of Peoria Public Works Department
Right-Of-Way Permits: Change of Address Request
3505 N Dries Lane, Room 114D
Peoria, Illinois 61604
Fax (309) 494 - 8855