

**APPLICATION
ASSIGNMENT OF STREET ADDRESS**

Application Date: ___/___/___

Please submit sketch or drawing with your application.

PROPERTY INFORMATION		
Parcel ID No.:	H _____	
Street Name:	_____	
Nearest Intersection(s):	_____	
Name of Subdivision (if applicable):	_____	
Address(es) of Adjacent Properties:	_____ _____	
OWNER INFORMATION		
Owner's Name	Phone No.	
Street Address		
City	State	Zip Code
APPLICANT INFORMATION		
Applicant's Name	Phone No.	
Company Name (if applicable)		
Street Address		
City	State	Zip Code
FOR OFFICE USE ONLY		
Street Address Assigned:	Trotwood, Ohio	
Zip Code:	<input type="checkbox"/> 45426 <input type="checkbox"/> 45427 <input type="checkbox"/> Other _____	
Received By (Signature)	Date	
Approved By (Signature)	Date	