



**TRINITY COUNTY**  
**COMMUNITY DEVELOPMENT SERVICES**  
 BUILDING ♦ PLANNING ♦ ENVIRONMENTAL HEALTH  
 P.O. BOX 2819, WEAVERVILLE, CALIFORNIA 96093  
 PHONE (530) 623-1351 ♦ FAX (530) 623-1353

**Kim Hunter, Director**

**ADDRESS INFORMATION APPLICATION** (Rev: 02-18-20)

APPLICANT	MAILING ADDRESS	PHONE NUMBER
_____	_____	_____
Email _____	City _____ Zip _____	_____

REPRESENTATIVE (If other than applicant)	MAILING ADDRESS	PHONE NUMBER
_____	_____	_____
Email _____	City _____ Zip _____	_____

PROPERTY OWNER (If other than applicant)	MAILING ADDRESS	PHONE NUMBER
_____	_____	_____
Email _____	City _____ Zip _____	_____

ADDRESS INFORMATION TO BE SENT TO:     Applicant                     Representative                     Owner

PLEASE CHECK THE APPROPRIATE REQUEST BOX:

ADDRESS VERIFICATION                     NEW ADDRESS

IN ORDER TO ISSUE ACCURATE ADDRESSING, PLEASE PROVIDE THE FOLLOWING INFORMATION:

▪ ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

PROVIDE A PLOT PLAN, SHOWING ALL PROPERTY LINES AND THE FOLLOWING INFORMATION:

- LOCATION AND NAME OF THE ROAD GIVING DRIVEWAY ACCESS TO YOUR PARCEL.
- DRIVEWAY LOCATION GIVING ACCESS TO YOUR DWELLING.
- LOCATION OF DWELLING (PLEASE INDICATE IF MOBILEHOME OR HOUSE) ON PARCEL.

FOR VERIFICATIONS, ONLY EXISTING ADDRESS: \_\_\_\_\_

**TO BE COMPLETED BY THE PLANNING DIVISION**

DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

DATE APPLICANT NOTIFIED: \_\_\_\_\_

OFFICIAL ADDRESS: \_\_\_\_\_

UNABLE TO ASSIGN ADDRESS DUE TO: \_\_\_\_\_

NOTES: \_\_\_\_\_