



TOWN OF LOS GATOS
ADDRESS REQUEST FORM
FEE: \$195.00 PER ADDRESS

Payment and Vicinity Map minimum size 8 ½" x 11" or maximum size 11" x 17" MUST be submitted with application.

ASSESSOR'S PARCEL NUMBER (APN) – REQUIRED: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Email: _____ Phone: _____

Signature of Property Owner: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email: _____ Phone: _____

☐ **Address Confirmation** ☐ **Add Suite or Unit Numbers** ☐ **Add Address** ☐ **Change Address**

Current Address is: _____

Occupancy Type: _____

Reason for Request: _____

Do you wish to DELETE any addresses on your parcel? ☐ Yes ☐ No

CONFIRM ADDRESS AND/OR SUITE/UNIT NUMBERS

Confirm Existing Address: _____

Confirm Existing Suite/Unit Numbers: _____

ADD SUITE/UNIT NUMBERS TO EXISTING ADDRESS

Existing Suite/Unit Numbers: _____

Requested Suite/Unit Numbers: _____

ADD AN ADDRESS TO EXISTING STREET

Requested Address: _____

CHANGE EXISTING ADDRESS

Existing Address: _____

Requested Address: _____

ADDRESS OR SUITE/UNIT NUMBERS TO BE DELETED

Address(es) to be deleted: _____

Suite/Unit Number(s) to be deleted: _____

(See Other Side for Planned Development Application)

Complete this side for Subdivision/Planned Development Addresses Request
\$195.00 for each address

ASSESSOR'S PARCEL NUMBER (APN) – REQUIRED: _____

Property Owner Name: _____

Property Owner Mailing Address: _____

Property Owner Email: _____ Phone: _____

Signature of Property Owner: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant Email: _____ Phone: _____

Final Map Recorded? ☐Yes ☐No Date Recorded: _____

Planning/Engineering Approval? ☐Yes ☐No Approval Date: _____

Application Number(s): _____

Do you wish to DELETE any addresses on your parcel(s)? ☐Yes ☐No

REQUEST CANNOT BE PROCESSED UNTIL FINAL MAP HAS RECORDED

Is a new street name required? ☐Yes ☐No *Requires Council approval if not on approved list

Requested street name(s) from Town Approved List: _____

Requested street name(s) NOT on Town Approved List: _____

Council Approval received for street name? ☐Yes ☐No Approval Date: _____

Below, list requested numbers (not guaranteed) per street and include any common area utility meters, HOA mailing addresses or utility meters, street light meters, etc., and indicate location(s) on site map.

STREET NUMBER	STREET NAME	USE (SFR, HOA, meter, etc.)

See reverse side for all other address request applications.