



**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: \_\_\_\_\_