



Information Technology Services
 Geographic Information Systems (GIS) and Addressing Services
 3300 Capitol Ave, Building B, Fremont, California 94538
 Phone: (510) 494-4834
 Email: addressing@fremont.gov

GIS STAFF ONLY	
Record #:	_____
Date Received:	___ / ___ / _____

ADDRESS & STREET NAME APPLICATION

Type of Request: <input type="checkbox"/> Addressing <input type="checkbox"/> Street Name Review <input type="checkbox"/> Other	(Note: Unverifiable addresses may result in a new address being assigned)
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Project Information: *(Attach additional information sheet if more room is needed)*

Permit Record No. (i.e., PLN, BLD, SAM, etc.): _____

Project Name: _____

Reason for Request: _____

Existing Project Address (if applicable): _____

APN: _____ - _____ - _____ APN: _____ - _____ - _____

APN: _____ - _____ - _____ APN: _____ - _____ - _____

APN: _____ - _____ - _____ APN: _____ - _____ - _____

Applicant Information: *(Attach additional information sheet if more room is needed)*

Name: _____

Company: _____

Address: _____ City/State/Zip: _____

Main Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail Address: _____

Property Owner Authorization: *(Attach additional information sheet if more room is needed)*

I am authorizing City officials, staff, or their agents or consultants to enter the property for the purpose of this application. I understand that if this requests involves the issuance of new addresses, I will be responsible for their posting in a timely manner.

Choose one:

I am the sole owner and hereby authorize the filing of this application;

I own the project site jointly with one or more persons and empowered to authorize the filing of this application on behalf of my fellow property owners; or

I own the project site in conjunction with one or more persons who are listed with their acknowledgement and authorization for the filing of this application. See attached for additional property owner authorization and/or acknowledgements.

Signature: _____

Name: _____

Company: _____

Address: _____ City/State/Zip: _____

Main Phone: (_____) _____ Alternate Phone: (_____) _____

E-Mail Address: _____

Alternate Contact Information: *Person to be contacted other than applicant or property owner regarding this application*

Architect

Engineer

Tenant

Other: _____

Name: _____

Company: _____

Address: _____ City/State/Zip: _____

Main Phone: (____) _____ Alternate Phone: (____) _____

E-Mail Address: _____

Additional Comments: