



6280 W 800 N
McCordsville, IN 46055
Phone: (317) 335-3151
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<http://www.mccordsville.org>

Request for Address/Street Name Assignment Application

Applicant Information

Name: _____

Current Address: _____

(Number) (Street)

(City) (State) (Zip)

Phone No.: _____ Fax No.: _____ E-mail Address: _____

Applicant Is (Check One)

Architect Contractor Developer Engineer Property Owner/Agent Other

If Other Please Describe: _____

Request For (Check All That Apply)

New Address Verify Address Change Address Street Name Change/Add Suites

Current Property Address: (If Applicable) _____

(Number) (Street)

Subdivision Name: (If Applicable) _____ Section: _____ Lot #: _____

Parcel ID: _____

Applicant's Signature

The information included in and with this application is completely true and correct to the best of my knowledge and belief.

(Applicant's Signature)

(Date)

***IF Requesting Multiple Addresses Please Attach Street Name/Address Request List to this form.
Address Assignment/Verification Fee is \$60.00 Per Lot (Non-refundable) (Per Ordinance 011111)**

Approval Stamp/Signature:

Administrative Officer Use Only:

Date Application Filed: _____

Date Application Approved: _____