Revision Date: 09/15/26

CITY OF PALO ALTO

PLANNING & DEVELOPMENT SERVICES

REQUEST FOR ADDRESS ASSIGNMENT OR CHANGE

In order to process your request, all applicable information must be completed and a site plan with address locations identified must be attached. The fee for processing the address request is payable at the time the request is submitted. Payment of the fee is not a guarantee that the request will be approved.

To Be Completed by Applicant (*Please Print Clearly*)			
Request for: (check one)	☐ New Address	☐Change Address	☐Additional Address
Current Address:			
Proposed Address(es):			
Permit Application #:		APN:	
Type of Building:	☐ Single Family	☐ Commercial	☐ Industrial
☐ Multi-Family	☐ Educational	☐ Hotel/Motel	☐ Other:
Reason for Request:			

Applicant Information						
☐Property Owner	☐Developer	☐Tenant	☐Architect	☐Engineer	☐Contractor	☐Other
Name:			Firm:			
Address:			Phone:		Email:	

Owner Information	
Name:	Phone
Address:	Email:

For Official Use Only		
Submittal Date:	Receipt #:	Received By:
☐Approved - Conditions / Amendments:		
☐Not Approved - Comments:		
Reviewed by:	Date:	