



City of Victorville

Development Services

Planning ♦ **Building** ♦ Code Compliance ♦ Business License ♦ Animal Control

14343 Civic Drive
PO Box 5001
Victorville, CA 92393-5001
(760) 955-5100
Fax (760) 269-0072
planreview@victorvilleca.gov

Request for Address

Assessor's Parcel Number: _____
(Required Information)

Reason for Request: _____

How would you like to be notified of address assignment? Please choose one: ☐ Fax ☐ Phone ☐ Email

Applicant Information

Name: _____ Date: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Property Owner Information (please complete only if different from applicant above)

Name: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Email: _____

Relationship to Property Owner: _____

By signing below, I am stating that I have been authorized by the property owner to request an address modification.

Printed Name

Signature

OFFICE USE ONLY

Amount Due: \$77.40 (per address) (\$74 to charge code 4050; \$3.40 to charge code 4086) Date Paid: _____

Assigned Address: _____

Applicant Notification: _____

_____ By: _____ Date: _____