



Benton County Public Works  
 360 SW Avery Avenue, Corvallis OR 97333  
 Telephone (541) 766-6821 Fax (541) 766-6891

**CONFIRMATION OF EXISTING ADDRESS OR REQUEST  
 FOR NEW ADDRESS FOR DWELLING(S) & BUSINESS(ES):**

DATE SUBMITTED: \_\_\_\_\_  
 LOCATION OF SUBJECT PROPERTY: TOWNSHIP: \_\_\_\_\_ RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ TAX LOT # \_\_\_\_\_  
 OWNER'S NAME(S): \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE NO: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**OFFICIAL USE ONLY**  
 PERMIT NO.: \_\_\_\_\_

**RESIDENCE (Check one):**  
 Site-Built House     Manufactured House     Apartment     Mobile Home Park     Multi-Unit Complex

**BUSINESS (If applicable):**  
 What is the business?  Wholesale or  Retail? \_\_\_\_\_  
 \_\_\_\_\_  
 What activity occurs at the business? \_\_\_\_\_  
 \_\_\_\_\_  
 Why does the business need an address? \_\_\_\_\_  
 \_\_\_\_\_  
 What type structure is the address requested for (for example: barn, greenhouse, shop building, converted dwelling, modular, manufactured, RV, etc.)? \_\_\_\_\_  
 What other addresses are currently on the property?  
 \_\_\_\_\_

**OTHER STRUCTURE TYPE:** \_\_\_\_\_

**USE SAMPLE ADDRESS PLOT PLAN AS AN EXAMPLE.** For an address you should know:

|  |   |
|--|---|
| • Location of structure on the property.   | • Driveway                              |
| • Location of other structures on the property, and associated address, if applicable. | • Name of existing roads and new roads. |
|  | • Type of each structure.               |

*If you need more room to add information use extra sheets to answer the questions.  
 Please note the questions you are answering.*

|                          |                                   |                                 |
|--------------------------|-----------------------------------|---------------------------------|
| <b>OFFICIAL USE ONLY</b> |                                   |                                 |
| Planning:                | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Co. Surveyor:            | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| Address Assigned:        | See form on back                  |                                 |

**OWNER SIGNATURE:** \_\_\_\_\_

**OFFICIAL USE ONLY – NEW ADDRESS REQUEST INFORMATION FORM**

DATE: \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**RESIDENT OWNER:** NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ RANGE \_\_\_\_\_ SECTION \_\_\_\_\_ TAX LOT # \_\_\_\_\_ LEVY CODE \_\_\_\_\_ SERIAL ACCT. \_\_\_\_\_

**THIS NEW ADDRESS** (replaces/is in addition to):

**FORMER ADDRESS:** \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**ADJACENT ADDRESS:**

1. \_\_\_\_\_

2. \_\_\_\_\_

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

\_\_\_\_\_