



Date Received _____
By _____

ADDRESS REQUEST

(Print Legibly)

NEW ADDRESS

CHANGE OF ADDRESS

Issuance of an address is based upon several factors and criteria. This may include verification of surrounding addresses, street names, block numbers and coordination with other agencies. Completion of the form is recommended but is not an indication that a change of address will be issued. The address request will be processed as efficiently as possible based upon the above factors. If there are any questions or discrepancies, you will be notified. If you have any questions, please feel free to contact staff at your convenience.

Applicant _____

Current Mailing Address _____

City _____ State _____ Zip _____

Phone _____

PROPERTY INFORMATION

Parcel Number _____

Tract Number _____ Lot Number _____

Driveway Entrance Street _____

Reason For Request _____

Previous/Erroneous Address _____

Signature _____

New Assigned Address _____

Town of Yucca Valley
Community Development Department
58928 Business Center Dr
Yucca Valley, CA 92284
760 369-6575 Fax 760 228-0084