

## MONO COUNTY DEPARTMENT OF PUBLIC WORKS

Post Office Box 457 • 74 North School Street • Bridgeport, California 93517 760.932.5440 • Fax 760.932.5441 • monopw@mono.ca.gov • www.monocounty.ca.gov

## REQUEST FOR STREET ADDRESS

Consistent with applicable statutory requirements, disclosure of street address information is confidential in nature and should not be disclosed to anyone other than the property owner or the property owner's authorized agent.

With this in mind, all requests for street address numbers must be either: 1) made in person at the office of the Mono County Department of Public Works (Public Works); or, 2) made on this form, which should be completed, signed, and returned to Public Works at the address above.

We apologize for any inconvenience this may cause and appreciate your anticipated cooperation concerning this matter. Should you have questions, please contact Public Works at (760) 932-5440.

Please describe the structure by checking the appropri	ate box:			
☐ Single Family Residence				
☐ Second Dwelling Unit on Same Parcel				
Apartment – Bldg. or Unit No.: (if applicable)				
☐ Condominium – Bldg. or Unit No.: (if a	Condominium – Bldg. or Unit No.: (if applicable)			
☐ Business Name:				
☐ Vacant Lot (note: street addresses are not typi		ant parcels)		
☐ Other – Please explain:				
Project Location				
Assessor's Parcel No.:	Community:			
Street Name:	Cross-Street:			
Property Owner				
Name:	Phone:			
Mailing Address:				
	City	State	Zip	
Agent's Name:	Phone:			
Owner / Agent Signature:		Date:		
Space below reserved for Public Works use only				
Assigned Address:	By (initial):	_ ☐ Sent t	o Bldg. Dept.	