

TOWNSHIP OF LIVINGSTON

ADDRESS CHANGE APPLICATION

As required by Ordinance 4-2010, this application form must be submitted along with photos of the residence showing where the main entrance or entrances are located, a current survey and a non-refundable fee of \$125.00.

CURRENT ADDRESS _____

BLOCK _____ LOT _____

APPLICANT _____ PHONE _____

OWNER (If different from Applicant) _____

PROPOSED / REQUESTED NEW ADDRESS _____

REASON FOR ADDRESS CHANGE REQUEST

I hereby affirm that all of the above statement and statements contained in the papers submitted herewith are true.	I hereby affirm that I am the owner of the premises involved in this application and that I consent to the filing of the application.
<hr/> <i>Signature of Applicant</i> _____ <i>Date</i> _____	<hr/> <i>Signature of Owner</i> _____ <i>Date</i> _____
<hr/> <i>Address</i> _____	<hr/> <i>Address</i> _____

FOR OFFICE USE ONLY	
COMPLETED & APPROVED BY _____	DATE _____