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## CITY OF KIRKLAND BUILDING DEPARTMENT REQUEST FOR CHANGE OF ADDRESS

The following information is requested in order for the Building Department to review your request for change of address. Please assist us by **printing all information requested**. **ON THE REVERSE SIDE OF THIS FORM, SKETCH THE TWO NEAREST CROSS STREETS, AND SHOWN NEIGHBORING ADDRESSES.**

Requestor's Name: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____
Daytime Contact Phone Number: _____
Address To Be Changed: _____
Property Owner's Name: _____
Suggested New Address: _____
Indicate who you have spoken to about this request: _____
Please indicate why you want this address change: _____
Date to implement the change: _____

### OFFICE USE ONLY

Planning:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Police
Building:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Public Works
Old Address: _____			<input type="checkbox"/> Planning
			<input type="checkbox"/> Fire Station
New Address: _____			<input type="checkbox"/> Accounting
			<input type="checkbox"/> Telephone Company
Reason: _____			<input type="checkbox"/> Wash. Natural Gas
			<input type="checkbox"/> Kirkland Post Office
Property Tax Account #: _____			<input type="checkbox"/> King County Assessor
P*P System Changed By: _____ Date: _____			<input type="checkbox"/> Puget Power
Address Map Changed By: _____ Date: _____			<input type="checkbox"/> Waste Management
Correspondence Sent By: _____ Date: _____			<input type="checkbox"/> Tenant
Form Letter Distributed By: _____ Date: _____			

Fill in the appropriate street names,  
the address in question,  
and neighboring addresses.

The diagram consists of four vertical lines and four horizontal lines that intersect to form a large cross. This creates four empty rectangular boxes, one in each quadrant, intended for the user to write street names and addresses.

Please talk with staff  
if you need assistance.