**Community Development Dept.**
701 Laurel Street
Menlo Park, CA 94025
650.330.6704

**Fee: $25**

# CHANGE OF ADDRESS FORM

Current Address:_____ Parcel Number:_____

New Address Requested:_____

Property Owner:_____ Address:_____

Telephone Number:_____ Fax Number:_____

Email:_____

☐ *New Address ☐ *Additional Address ☐ Change of Address ☐ *New Parcel

***A site map is required for the review process.**

Reason for Request:_____

_____

_____

Other:_____

☐ Agent ☐ Owner _____ _____
(check one) Signature Date

---

**FOR OFFICE USE ONLY**

Address Approved:_____

Approved By:_____ Date:_____

**Notes:**_____

_____

_____

_____