



City of Bradbury

Request for Address Change

Date requested: _____

Location of Property: _____
(Parcel APN #)

Existing Address: _____

Date Purchased (if new Owner): _____

Former Owner: _____

New Owner: _____

Date moved: _____

Requested by: _____

Note: This form is not considered valid without a signature.

I hereby certify that I am the property owner of the subject property whose signature appears below.

Name _____

Mailing Address _____

Phone () _____ Fax () _____

Email _____ Signature _____

FOR INTERNAL USE ONLY

Application fee of \$500 received

Reviewed by the City Manager: Approved Denied

Signature: _____

Date completed: _____ Staff members: _____ Staff time: _____

New Address Authorized: _____

Reason, if denied: _____

*City Hall Hours: 8:30 a.m. to 5:00 p.m. Monday – Friday.
600 Winston Avenue, Bradbury CA 91008; Telephone 626-358-3218; Fax (626) 303-5154*