

REQUEST FOR ADDRESS ASSIGNMENT

Return to: Public Works Dept. 1131 Eleventh Street Cody, WY 82414 (307) 527-8520 or (307) 754-8520	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">RECEIPT #</th> <th style="border-bottom: 1px solid black;"></th> <th style="border-bottom: 1px solid black;"></th> </tr> </thead> <tbody> <tr> <td style="padding-left: 100px;">ROAD NAME SIGN</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td style="padding-left: 50px;">NEW ADDRESS & ADDRESS MARKER</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td style="padding-left: 100px;">REPLACEMENT ADDRESS MARKER</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50.00</td> </tr> <tr> <td style="padding-left: 50px;">CORRECTION OF SELF-ASSIGNED ADDRESS</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">250.00</td> </tr> <tr> <td style="padding-left: 50px;">FAILURE TO PROPERLY MARK DRIVEWAY</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50.00 plus mileage</td> </tr> </tbody> </table>	RECEIPT #			ROAD NAME SIGN	\$	150.00	NEW ADDRESS & ADDRESS MARKER	\$	150.00	REPLACEMENT ADDRESS MARKER	\$	50.00	CORRECTION OF SELF-ASSIGNED ADDRESS	\$	250.00	FAILURE TO PROPERLY MARK DRIVEWAY	\$	50.00 plus mileage
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DATE: _____

NAME OF PROPERTY OWNER(S): _____

LEGAL DESCRIPTION: _____

DIRECTIONS TO PROPERTY (if difficult to locate): _____

IS DRIVEWAY IN? Yes _____ No _____ IS DRIVEWAY FLAGGED? Yes _____ No _____

If no, date lath will be placed: _____

*Driveway **must be** flagged (use a lath printed with last name).*

REQUESTING PARTY: _____ PHONE: _____

MAILING ADDRESS: _____

ALL applicable county permits must be approved before any address can be issued.

FOR OFFICE USE

ADDRESS ASSIGNED: _____

ZONING _____ SWW _____ ROW _____

COMMENTS: _____

NOTIFY REQUESTING PARTY: Yes No SENT TO SIGN TECH: _____

CONTACT INFO: _____ Date Notified: _____

FOR FIELD USE

DATE ROAD NAME SIGN PLACED: _____ Initial: _____

DATE ADDRESS MARKER PLACED: _____ Initial: _____