



Change of Address Form

*We can not guarantee that the address requested will be granted, you'll be informed of our decision by mail.
 Use a separate application if additional change of addresses are requested.*

Date: _____

Record No. BCOA _____

You can submit this form by fax or e-mail at PSCApplication@glendaleca.gov

1. Property Owner's Information			
Name: _____			
Address: _____			
Phone Number: () _____			
E-Mail Address: _____			
2. Contact Information			
Name: _____		Phone Number: () _____	
E-Mail Address: _____			
3. Address Change (All information is required)			
This change applies to: <input type="checkbox"/> Commercial <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling			
For Commercial or Multi-Family Dwellings provide a diagram of the building showing the location of existing & proposed address and/or suite numbers. <u>Address requests will not be processed without the diagram</u>			
Assessor's ID No (APN) _____		Lot _____	Tract _____
Current Address: _____			
Requested Address: _____			
Reason for Address Change: _____			
DECLARATION:			
I hereby affirm that the information above is true to the best of my knowledge			
Signature _____		Date _____	
Processing fee \$93.00 per hour, per address change.		Additional fees may be assessed based on the complexity of the request.	
ACCEPTED BY: _____	DATE: _____	RECEIPT NO. _____	FEE PAID: _____
<input type="checkbox"/> Denied		Approved _____	Date: _____
Comments: _____		Building Official	