



REQUEST FOR ADDRESS CHANGE

Request for Address Change

Fill out the following request form as accurately as possible (include proof of ownership, i.e. title, deed, or tax statement) and return by email, postal, hand delivery, or fax to:

*Development Services Department
Land Entitlements, Addressing
P.O. Box 839975
1901 S. Alamo
San Antonio, Texas 78283-3975
Fax: (210) 207-4441 Email: DSD.addressing@sanantonio.gov*

Application Information:

Name of applicant: _____

Agency Name: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Property owner(s) (If different than above): _____

Signature of Owner(s) or Agent(s): _____ Date: _____

Property Location:

Street Name and Number (If known): _____

Legal Description: NCB _____ BLOCK _____ LOT _____

Subdivision Plat Name: _____

Section and Township of subject property (If known): _____

Property type: Single Family Residence APT/CONDO Commercial

General Description of Your Location:

Please be as descriptive as possible. Include any intersecting streets within 500 feet of the subject property, and their Directionals (N, S, E, and W). If this address request is for new construction, please include a copy of the site plan and Recorded Plat with this application.

Reason for Address Request:

New Construction Existing numbers out of sequence Property Split/Merge Other (Please explain)

*****NOTES*****

Existing Address Change Requests: Your address is eligible for change if it meets one or more of the following requirements: Your structure has an address that does not fit into proper numerical sequence with surrounding addresses, contains a fraction, causes confusion, or is difficult to locate. Your address is also eligible for change if it does not coincide with the driveway entrance.

In General: The application must provide all information prior to processing of the request. The more descriptive the application is, the more quickly and efficiently the City of San Antonio can process your request and issue your address. The City of San Antonio will review requests for change in address for addresses that meet the criteria set above, request that do not meet these criteria may not be processed.

(FOR OFFICE USE ONLY)			
Date entered in Master Address Record: _____			
Fax notification date: _____			
GIS notification date: _____			
Owner/Agent notification date: _____	<input type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Fax