

Address Request Application

Name of property owner: _____

Name of resident or business: _____

Phone number: _____

Email: _____

Legal Description

Lot: _____ Block: _____ Addition: _____

If the lot is not platted: # of acres _____

NOTE: lots 5 acres and under must be platted

Section: _____ Block: _____ Survey: _____

P.R.A.D. Tax Account Number: _____

Project description: _____

Street name: _____

Nearest cross street: _____

Is the cross street to the: _____North _____East _____South _____West

Signature of property
owner/agent/tenant: _____

**Please Return the form via FAX to 806-378-3085 or EMAIL to building@amarillo.gov
If you have questions please call 806-378-3041**