

SCIOTO COUNTY ENGINEER

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ADDRESS REQUEST FORM

Date Requested: _____ Name: _____

Phone Number(s): _____

Please fill out form below with information about proposed address location.

It is required to have a driveway established before an address can be assigned to you.

Post Office: _____ Street: _____

Zip Code: _____ Parcel Number: _____

Location (Describe, i.e. nearest intersection): _____

Side Of Street (Circle One): Right or Left

Nearest Address Before: _____ Nearest Address After: _____

Existing Driveway Type: _____

*If driveway culvert is needed, see **Driveway Culvert Permit** form.*

Existing House (Circle One): Yes or No Describe: _____

Additional Details: _____

OFFICE USE ONLY:

New Address Assigned: _____

Assigned By: _____ Assigned Date: _____