

CITY OF **LA CAÑADA FLINTRIDGE**

APPLICATION FOR ADDRESS CHANGE

FEE: \$190.00

PROPERTY OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: () _____
() _____

CURRENT PROPERTY ADDRESS: _____

ASSESSOR'S PARCEL NO.: _____

PROPOSED PROPERTY ADDRESS: _____

I / we understand that my / our address does not determine whether we are located in the La Cañada Unified School district or the Glendale Unified School District; that decision is determined by the school districts.

_____ Property Owner _____ Date

FOR OFFICE USE ONLY

_____ **APPROVED** Date City Offices Notified: _____

Date County / State Agencies Notified: _____

_____ **REJECTED** _____

Reason