



# ADDRESS REQUEST APPLICATION



CITY OF COLUMBIA DEVELOPMENT SERVICES  
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ALL APPLICABLE FIELDS MUST BE COMPLETED!!!

<b>DATE</b>			
<b>IS THIS A (check one):</b>	<input type="checkbox"/> <b>New Address</b>		<input type="checkbox"/> <b>Address Verification</b>
<b>REQUESTOR INFORMATION</b>	<b>NAME:</b>		
	<b>ADDRESS:</b>		
	<b>TEL:</b>		<b>FAX:</b>
	<b>E-Mail:</b>		
<b>PROPERTY OWNER INFORMATION</b>	<b>NAME:</b>		
	<b>ADDRESS:</b>		
	<b>TEL:</b>		<b>FAX:</b>
	<b>E-Mail:</b>		
<b>TMS #(s)</b>			
<b>SUBDIVISION NAME</b>			
<b>PHASE</b>		<b>LOT(s)</b>	
<b>STREET NAME</b>			
<b>IS THIS A (check one)</b>	<input type="checkbox"/> <b>New Subdivision</b> <input type="checkbox"/> <b>Subdivided Lot</b> <input type="checkbox"/> <b>Existing Lot</b> <input type="checkbox"/> <b>New Building</b> <input type="checkbox"/> <b>Duplex</b> <input type="checkbox"/> <b>Apartment</b> <input type="checkbox"/> <b>Existing Structure</b> <input type="checkbox"/> <b>New tenant space in existing structure</b> <input type="checkbox"/> <b>Other</b>		
<b>SIGNATURE</b>			