

REQUEST FOR ADDRESS ASSIGNMENT

Return to: Public Works Dept. 1131 Eleventh Street Cody, WY 82414 (307) 527-8520 or (307) 754-8520	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; border-bottom: 1px solid black;">RECEIPT #</th> <th style="border-bottom: 1px solid black;"></th> <th style="border-bottom: 1px solid black;"></th> </tr> <tr> <td>ROAD NAME SIGN</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>NEW ADDRESS & ADDRESS MARKER</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">150.00</td> </tr> <tr> <td>REPLACEMENT ADDRESS MARKER</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50.00</td> </tr> <tr> <td>CORRECTION OF SELF-ASSIGNED ADDRESS</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">250.00</td> </tr> <tr> <td>FAILURE TO PROPERLY MARK DRIVEWAY</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">50.00 plus mileage</td> </tr> </table>	RECEIPT #			ROAD NAME SIGN	\$	150.00	NEW ADDRESS & ADDRESS MARKER	\$	150.00	REPLACEMENT ADDRESS MARKER	\$	50.00	CORRECTION OF SELF-ASSIGNED ADDRESS	\$	250.00	FAILURE TO PROPERLY MARK DRIVEWAY	\$	50.00 plus mileage
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DATE: _____

NAME OF PROPERTY OWNER(S): _____

LEGAL DESCRIPTION: _____

DIRECTIONS TO PROPERTY (if difficult to locate): _____

IS DRIVEWAY IN? Yes _____ No _____ IS DRIVEWAY FLAGGED? Yes _____ No _____

If no, date lath will be placed: _____
*Driveway **must be** flagged (use a lath printed with last name).*

REQUESTING PARTY: _____ PHONE: _____

MAILING ADDRESS: _____

DISCLAIMER: Address assignment by the Park County Public Works Department (Public Works) does not guarantee full or unrestrictive legal access to the property being addressed. Public Works also cannot guarantee emergency response to addressed property if road name signs and address markers are not properly installed, maintained and clearly visible; and/or if the road is not properly built and maintained.

Signature: _____ Date: _____

ALL applicable county permits must be approved before any address can be issued.

FOR OFFICE USE

ADDRESS ASSIGNED: _____ ZIP: _____

ZONING _____ SWW _____ ROW _____

COMMENTS: _____

NOTIFY REQUESTING PARTY: Yes No SENT TO SIGN TECH: _____

CONTACT INFO: _____ Date Notified: _____

FOR FIELD USE

DATE ROAD NAME SIGN PLACED: _____ Initial: _____

DATE ADDRESS MARKER PLACED: _____ Initial: _____