

REQUEST FOR NEW ADDRESS MT. PLEASANT TOWNSHIP

Applicant's Name : _____
(Current) Address _____

Phone No(s) _____

Location of the property for which the **new address** is requested:

Nearest intersection(s) _____

What is the nearest verifiable address? _____

Is the verified address on the - same side of the road, - or opposite side of the road?

Tax Parcel ID Number 460-_____-_____-_____-_____

Fee - \$25.00 for each new address requested – Paid by – Cash, or - Check # _____,
Payment received by _____ Date _____

** New address free with Building Permit Number _____ Date _____

For use by Mount Pleasant Township only

Measurements: _____ Feet N – S – E – W from _____ to _____

Please draw a map on the back of this sheet showing the measurements, intersection(s), and position of the known address to the requested new address.

Any other information that might assist in assigning the new address?

New Address: _____

Assigned by _____ Date _____

GPS Coordinates; Latitude - North 40 degrees, _____ Minutes

Longitude – West 80 degrees, _____ Minutes

Notification sent to :

Applicant – Date _____

Wash. Co. Emergency Services – fax 724-223-4712 – Date _____

Wash. Co. Tax Assessment – fax 724-250-4666 – Date _____

Mt. Pleasant Twp. Wage Tax Collector (Keystone) – Date _____

Mt. Pleasant Twp. Tax Collector (Jamie Torboli) – Date _____

Add to the Hydrant List No, Yes – Date _____

Add to the Light List No, Yes – Date _____

Add to the Road and Name Lists Yes – Date _____