

TOWN OF LOS ALTOS HILLS

26379 Fremont Road
Los Altos Hills, CA 94022
Phone: (650) 941-7222
Fax: (650) 941-3160
www.losaltoshills.ca.gov



Address Change Request Form

(For Town Use)	\$650.00	
Building Permit #	Address Change Fee, paid at time of submittal	Receipt #

1. OWNER INFORMATION:

Last Name _____ First Name _____

Assessor's Parcel Number (APN) _____ Property Address _____

Email Address _____ Mailing Address _____

Home Phone _____ Mobile Phone _____ Work Phone _____

2. REQUEST DESCRIPTION:

Reason for Request _____

First Choice of New Address Number: _____

Second Choice of New Address Number: _____

Requests for a new address number must be reviewed and approved by the Town. If the current address number is even or odd, the new number must also be even or odd. Changes to the address number is limited to the last two (2) of the five (5) digit address.

Signature: _____

Print Name: _____

Date: _____

_____	_____
Planning Director's Approval	Date
_____	_____
City Engineer	Date