

Department of Public Services

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1854

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## ADDRESS REQUEST FORM

***Official Use Only***

Case Number: \_\_\_\_\_

Intake By: \_\_\_\_\_

**Fee \$81**

*Please complete the following and attach a map showing the parcel to be addressed. Please indicate the road access location, any structures on the property, and adjoining property addresses.*

PARCEL (s) #: \_\_\_\_\_

ROAD NAME: \_\_\_\_\_

LANDOWNER (print): \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Note: This form must be signed and dated by the landowner of record.*

EMAIL: \_\_\_\_\_

***Official Use Only***

DATE ASSIGNED: \_\_\_\_\_ ADDRESS ASSIGNED: \_\_\_\_\_

Label Map

Contact  
911

Contact  
Assessor

Send  
Letter

Update Permit  
Files/Screens

**NOTES**
