



ADDRESS REQUEST FORM

Procedures for Obtaining an Address

1. Complete this form
2. Please mail or fax this form back to the Town of Cross Roads at the address below.
3. Clearly mark the driveway of the property with a stake or flag, identifying the address point or have map attached
4. Please allow ten (10)-business days for processing.

DATE: _____

OCCUPANT / PROPERTY OWNER: _____

APPLICANT: _____

PHONE#: _____ EMAIL#: _____

STREET NAME: _____

LEGAL DESCRIPTION: _____

LOT# _____ BLOCK# _____

CROSS STREETS: _____

DIRECTIONS FROM JUNCTION OF HWY 377 & 380 (Include any landmarks in the Directions); _____

PROPOSED USE OF PROPERTY _____

Signature of Applicant

FOR OFFICE USE ONLY

ASSIGNMENT DATE: _____ COMPLETION DATE: _____

DATE: _____ NEW ADDRESS: _____

ZONING VERIFICATION: _____