City of New Orleans
Department of Safety and Permit
Municipal Address Change Application

Owner Information: Date: _____

Owner Name _____

Mailing Address: _____ City/State _____

Zip Code:_____ Contact Number: _____

Reason for Request:_____

Type of Request: _____ Assign Municipal Address _____ Change Municipal Address
_____ Add Additional Address

Current Listed Municipal Address	**Requested Municipal Address**	**Meter #**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner Signature: _____

******Do Not write below this line (For Inspectors Use Only)******

_____ Approved _____ Disapproved: _____

Current Listed Municipal Address	**Requested Municipal Address**	**Meter #**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Inspectors Signature: _____ Date: _____

Note: **Whole numbers and letter are acceptable ONLY. Upper, lower ½, front, back etc will not be approved**.