



## Town of Loxahatchee Groves

### Request for Assignment of Street Address

#### Application Instructions

1. Submittal must include notarized signature of property owner. Additional proof of ownership may be required.
2. An application fee of \$500 is required in order to process this request. Please call (561) 807-6676, M-Th, 8:00 am-4:30 pm to make a payment by phone.
3. The Town of Loxahatchee Groves will forward the assigned address information to the Post Office and Palm Beach County Property Appraiser to update their records.

#### Property Owner Information (Include extra sheets if needed for multiple properties/Owners)

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Requesting: \_\_\_\_\_

Assignment of New Address OR

\_\_\_\_\_ Change of Current Address (List current): \_\_\_\_\_

Parcel Control No(s): \_\_\_\_\_

**OWNER'S AFFIDAVIT: I certify that I, as the legal owner of record of the listed property/properties, do hereby request an assignment or change of street address for this parcel of land, as marked above.**

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
Print Name

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 21, by

\_\_\_\_\_  
(Name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR  
Type of Identification Produced \_\_\_\_\_

Produced Identification \_\_\_\_\_

**(Office Use Only Below Line)**

Town Assigned Street Address: \_\_\_\_\_

\_\_\_\_\_  
TOWN REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
DATE