



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WA 98366-4682
(360) 337-7181 FAX (360) 337-4925 www.kitsapgov.com/dcd/

Cindy Baker, DIRECTOR

ADDRESS CORRECTION FORM

DATE STAMP

To expedite the address correction procedure, please be sure to completely fill out all requested information. Incomplete or inaccurate requests cannot be processed.

ASSESSOR'S TAX ACCOUNT NUMBER: _____

PHYSICAL ADDRESS YOU ARE CURRENTLY USING: _____

THE NAME OF THE ROAD "YOUR DRIVEWAY" COMES OFF OF: _____

STRUCTURES ON THE PROPERTY: _____

TAXPAYER NAME: _____

MAILING ADDRESS (number & street): _____

MAILING ADDRESS (city, state, & zip code): _____

HOME PHONE:(_____) _____ DAYTIME PHONE:(_____) _____

E-MAIL ADDRESS: _____

Some corrections may require additional information such as the following items listed below. These items may be required to insure the address you are using is in compliance with Kitsap County Code Chapter 16.60. If these items are required we will notify you by e-mail or telephone and your request will not be processed until the required information is received.

- 1. Show north arrow, road names in area, easements, driveway location, and addresses of neighboring properties on current parcel map from the Kitsap County Assessor's Office.**
- 2. Show travel path from main county road to the driveway.**
- 3. Copy of site plan on either an 11"x17" or 8½"x11" paper with the addresses of any existing structures if there is more than one structure on the parcel.**

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