

# ADDRESS LOCATION REPORT

NO. \_\_\_\_\_

(Please Print Clearly)

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AM AWARE THAT THIS MAY BE A TEMPORARY ADDRESS AND MAY BE SUBJECT TO CHANGE.

A DRIVEWAY MUST BE CONSTRUCTED BEFORE THE ADDRESS CAN BE DETERMINED. CALL (563) 589-7827 WHEN DRIVEWAY IS COMPLETE AND MARKED WITH FLAGS. THEN ALLOW 2-3 WEEKS FOR NOTIFICATION OF ADDRESS.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ PARCEL: \_\_\_\_\_

ZONING CERTIFICATE \_\_\_\_\_

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

DATE FLAGGED \_\_\_\_\_

## LOCATION SKETCH

### ROAD JURISDICTION

PRIVATE ROAD

COUNTY ROAD

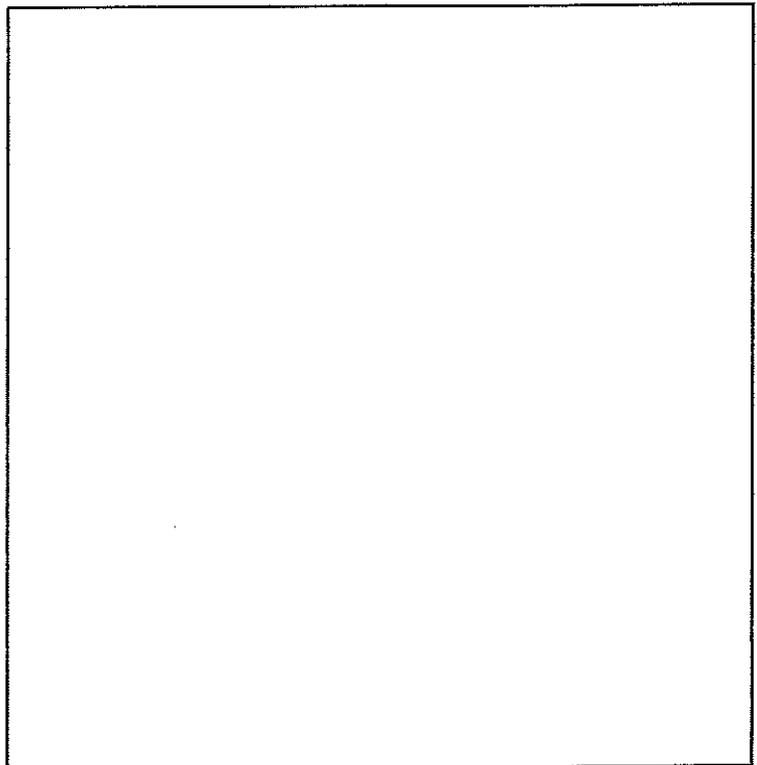
STATE ROAD

SIDE OF ROAD: N W S E

ODD EVEN

X = \_\_\_\_\_

Y = \_\_\_\_\_



<b>FOR NEW ROADS:</b> RANGE A _____ TO B _____ PARTIAL ( ) COMPLETE ( )
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NEW ADDRESS \_\_\_\_\_

DATE READ \_\_\_\_\_ BY \_\_\_\_\_