

# REQUEST FOR NEW ADDRESS MOUNT PLEASANT TOWNSHIP

Applicant's Name : \_\_\_\_\_  
(Current) Address \_\_\_\_\_

Phone \_\_\_\_\_

Location of the property for which the **new address** is requested:

Nearest intersection(s) \_\_\_\_\_

What is the nearest verifiable address? \_\_\_\_\_

Is the verified address on the \_\_\_\_\_ same side, \_\_\_\_\_ or opposite side of the road?

Coordinates – Latitude: North \_\_\_\_\_ Degrees, \_\_\_\_\_ Minutes, \_\_\_\_\_ Seconds

Longitude: West \_\_\_\_\_ Degrees, \_\_\_\_\_ Minutes, \_\_\_\_\_ Seconds

*Application fee as set by the fee schedule at the time of request*

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For use by Mount Pleasant Township Road Master

Measurements: \_\_\_\_\_ Feet N – S – E – W from \_\_\_\_\_ to \_\_\_\_\_

Please draw a map on the back of this sheet showing the measurements, intersection(s), and position of the known address to the requested new address.

Any other information that might assist in assigning the new address?

\_\_\_\_\_  
\_\_\_\_\_

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**New Address:** \_\_\_\_\_

Assigned by \_\_\_\_\_ Date \_\_\_\_\_

Approximate Coordinates \_\_\_\_\_

Notification sent to : \_\_\_\_\_ Applicant, Date \_\_\_\_\_

\_\_\_\_\_ Wash. Co. Emergency Services – fax 724-223-4712

\_\_\_\_\_ Wash. Co. Tax Assessment – Fax 724-250-4666

\_\_\_\_\_ Wash. Co. Voter Registration, 100 West Beau Street, Suite 206  
Washington, PA 15301

\_\_\_\_\_ Mt. Pleasant Twp. Wage Tax Collector (Berkheimer)

\_\_\_\_\_ Mt. Pleasant Twp. Tax Collector (Jamie Torboli)

\_\_\_\_\_ Application Fee Received, Check# \_\_\_\_\_ Dated: \_\_\_\_\_