

# REQUEST FOR NEW ADDRESS MT. PLEASANT TOWNSHIP

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

Phone No(s) \_\_\_\_\_

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 of the road, - ☐ or opposite side of the road?

Tax Parcel ID Number 460-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Fee - \$25.00 for each new address requested – Paid by – ☐ Cash, or - ☐ Check # \_\_\_\_\_,

Payment received by \_\_\_\_\_ Date \_\_\_\_\_

\*\* New address free with Building Permit Number \_\_\_\_\_ Date \_\_\_\_\_

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For use by Mount Pleasant Township only

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 \_\_\_\_\_

GPS Coordinates; Latitude - North 40 degrees, \_\_\_\_\_ Minutes

Longitude – West 80 degrees, \_\_\_\_\_ Minutes

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Notification sent to :

Applicant – Date \_\_\_\_\_

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

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

Mt. Pleasant Twp. Wage Tax Collector (Keystone) – Date \_\_\_\_\_

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

Add to the Hydrant List ☐ No, ☐ Yes – Date \_\_\_\_\_

Add to the Light List ☐ No, ☐ Yes – Date \_\_\_\_\_

Add to the Road and Name Lists ☐ Yes – Date \_\_\_\_\_