



**SANDY SPRINGS**  
COMMUNITY DEVELOPMENT

# CHANGE OF ADDRESS and NEW ADDRESS REQUEST

REQUEST  
PROPERTY OWNER  
CONTACT

- Single-Family Residential
- Multi-Family Townhome
- Multi-Family Condominium
- Commercial
- Other (please describe) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Proposed Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ LL \_\_\_\_\_ District \_\_\_\_\_

Owner's Name \_\_\_\_\_

Mailing Address (if different then above) \_\_\_\_\_ Suite/Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name (Owner's Agent / Project Manager / Project Engineer) \_\_\_\_\_

Company \_\_\_\_\_

Contact Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax Phone \_\_\_\_\_ E-mail \_\_\_\_\_

OWNER'S PRINTED name \_\_\_\_\_

OWNER'S SIGNATURE: Property owner or owner's representative \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that all information provided herein is true and correct*

Please submit completed form to [addressing@sandyspringsga.gov](mailto:addressing@sandyspringsga.gov).