



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 (909) 364-2740 Fax (909) 364-2795
 www.chinohills.org

CHANGE OF ADDRESS REQUEST

APPLICATION FEE: Refer to the Community Development Fee/Deposit Schedule for application fee amounts.

Date: _____

Property Owner: _____

Property Owner's Phone Number: _____

Current Address of Property: _____

A.P.N. (Assessor Parcel Number) _____ Lot: _____ Tract No.: _____

(Please circle the correct answer)

Is There a Structure on the Lot? YES NO

Direction That Structure Faces N E S W

Direction That Street Runs NS EW

Is The Structure Occupied YES NO

Reason For Change Request: _____

APPLICANT MUST PROVIDE PROOF OF OWNERSHIP IN THE FORM OF A RECORDED DEED PRIOR TO APPLICATION SUBMITTAL.

PLEASE ALLOW 30 – 45 DAYS TO PROCESS CHANGE OF ADDRESS.