



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

Submittal Date: _____

Accepted By: _____

CHANGE OF ADDRESS REQUEST

Property Owner Name: _____

Property Owner's Phone Number: _____

Current Address of Property: _____

APN: _____ Tract No.: _____ Lot No.: _____

REQUIRED INFORMATION:

Is there a structure on the lot? Yes No

Is the structure occupied? Yes No

Direction that structure faces: North South East West

Direction that street runs: North/South East/West

Reason For Change Request: _____

A COPY OF THE RECORDED DEED INDICATING PROOF OF OWNERSHIP IS REQUIRED UPON SUBMITTAL OF APPLICATION.

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

APPLICATION PROCESSING TIME: Approximately 30 - 45 Days.

CERTIFICATION:

I certify under penalty of perjury that I am the legal representative for the project and that the foregoing information is true and accurate to the best of my knowledge.

Print Name: _____ Signature: _____