

APPLICATION FOR ADDRESS NUMBER

Date of applica	ation												
1 Full name of norron making request			Christian name Surname										
1. Full name of person making request 2. Full name of property owner			Cinistian name Sufficience										
(if different from the above)			Christian name Surname										
3. Valuation Number (from rates demand)													
4. Legal Description (from rates demand)													
5. Name of Roa	ad, State Highway	or Street											
			Please 🗹			Yes	No						
6. Is your residence using a shared driveway?									If NC) go to	questi	ion 7	
If YES	Please give the number of the shared driveway												
	Name of person y	ou share drivewa	y with										
			ase 🗹		Rural			Urbai		Г	7		
7. Does this apply to a rural or urban number?						5 .		·		lestion 9			1
8 When travel	lina from Ōnōtiki t	ownshin is you	r residen	ce on the		Please 🔽	Lett	side [кıg	ht side 🗖	1
 8. When travelling from Opotiki township, is your residence on the second second					t to								
Ōpōtiki township													
8b. How far away in metres are they from your driveway (if unsure step it				:	m								
out) 8c. Please give the rural number of your nearest neighbour who is				no is									
furtherest from Öpötiki township				10 13									
8d. How far away in metres are they from your driveway (if unsure step it						m							
out)													
9. Contact deta	ails for notification	of new address											
Postal address					Post code								
(if different to address applying for)													
Phone number(s)													
Applicants signa	ature												

ÖPOTIKI DISTRICT COUNCIL OFFICE USE ONLY										
Address of Property	New Number		ST/RD/SHW Name							
Sent to LINZ	Yes 🗌 No 🗌	Signed by		Date						
Rates/ Property File Updated	Yes 🗌 No 🗌	Signed by		Date						