



San Gabriel
CITY WITH A MISSION

APPLICATION FOR ADDRESS CHANGE

Public Works Department
Engineering Division
425 South Mission Drive
San Gabriel, CA 91776

Telephone: (626) 308-2825 Fax: (626) 458-1056 Website: www.sangabrielcity.com

Please print legibly

Property Owner's Name: _____ Today's Date: _____

Existing Address: _____

Proposed Address: _____

Parcel APN(s): _____

Home Phone: _____ Mobile Phone: _____ Email: _____

Reason:

- Personal Preference
- Address Verification
- Address Changes in Conjunction with Building Permit
- Other _____

Procedure for requesting a Change of Address:

1. The Change of Address fee is **\$1,180.00**.
2. The following documents must be provided along with this application:
 - a. Copy of Grant Deed
 - b. Copy of electricity utility bill
 - c. Site plan showing adjacent properties and addresses
3. The request will be reviewed by staff from the Police and Fire Departments, Engineering, Planning and Building Divisions. Please allow **3-5 weeks** for processing.
4. **If approved, the property owner must inform all utility companies that provide service to the property.** The City will notify the Los Angeles County Assessor and the U.S. Postal Service of the address change.
5. If the request is not approved, the property owner will be refunded 80% of the fee.

Signature of Property Owner (required)

FOR CITY USE ONLY

Findings by Engineering Division:

- Approved
- Denied

Staff Signature: _____

Print Name and Title: _____

Date of Decision: _____

**Date Received
Application**

(CD date stamp here)