

Halfmoon Township
100 Municipal Lane
Port Matilda, PA 16870-9518
Office – 814-692-9800
Fax – 814-692-7585
E-Mail –manager@halfmoontwp.us

Request for Address

NOTICE

ALL INFORMATION ON THIS FORM WITH THE EXCEPTION OF QUESTION #1 & #2 ARE CONSIDERED CONFIDENTIAL INFORMATION AND WILL BE ONLY DECIMATED TO PUBLIC SAFETY AGENCIES IN ACCORDANCE WITH PROVISIONS OF PENNSYLVANIA ACT 100.

1. DATE: _____
2. NAME OF REQUESTER: _____
3. CURRENT MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
CONTACT PHONE NUMBER: _____
4. TOTAL NUMBER OF HOUSEHOLD OVER 18 YEARS OF AGE: _____
5. PROPERTY LOCATION: _____
6. DOES ANY PERSON IN THIS HOUSEHOLD HAVE ANY SPECIAL NEEDS:
YES _____ NO _____ IF NO GO TO QUESTION #7 YES COMPLETE INFORMATION:

Does any member of the household have any special needs that in an emergency may need special consideration?

Deafness:		Blindness:		Non-Ambulatory		Other:	
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7. TAX PARCEL NUMBER OF PROPERTY TO RECEIVE NEW ADDRESS:

17-_____

8. NAMES OF ALL MEMBERS OF HOUSEHOLD OVER THE AGE OF 18:

Request is hereby made of the Township of Halfmoon for a new street address for the property listed:

X _____ Property Owner of Record