



TOWNSHIP OF HALFMOON

100 MUNICIPAL LANE · PORT MATILDA, PA 16870

TELEPHONE : (814) 692-9800

www.halfmoontwp.us

ADDRESS REQUEST FORM

****PLEASE NOTE: All information on this form with the exception of date and name are considered confidential information and will be only**

DATE: _____

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

PROPERTY LOCATION: _____

TAX PARCEL #: 17- _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS OVER THE AGE OF 18 YEARS: _____

NAMES OF ALL MEMBERS OF THE HOUSEHOLD OVER THE AGE OF 18 YEARS:

DOES ANY PERSON IN THIS HOUSEHOLD HAVE ANY SPECIAL NEEDS: YES: _____ OR NO: _____

IF YES, PLEASE SELECT FROM THE FOLLOWING:

DEAFNESS: _____ NON-AMBULATORY: _____

BLINDESS: _____ OTHER: _____

IF OTHER (PLEASE SPECIFY): _____

****PLEASE NOTE: We will not assign an address to a personal barn, garage, or shed, and vacant lots with no building permit. Addresses are voided if no construction occurs within 12 months, the tentative assigned address will be removed from 9-1-1 and with the post office. Places of business will follow the same procedure as residential.**

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

Signature: _____

Date: _____