

CITY OF GREAT FALLS

ADDRESS ASSIGNMENT FORM

City Mapping & Addressing
Civic Center, Rm 8
P.O. Box 5021
Great Falls, Montana 59403



Prepared by: City Mapping & Addressing
(406) 455-8486
www.greatfallmt.net/gis/address-assignment-form

Date: _____

ADDRESS ASSIGNMENT

Property Address: _____ Zip: _____

Construction Information: _____ (# Units: _____)

Addressing Purpose: _____

Previous Address (if changing): _____

***\$20.00 FEE** for New or Additional Address - please make checks payable to City of Great Falls - Mapping Department

OWNERSHIP INFORMATION

Owner Name: _____

Mailing Address: _____

City/State/Zip: _____

PROPERTY INFORMATION

Subdivision: _____ Lot: _____ Block: _____

Legal Continued: _____

Township: _____ Range: _____ Section: _____

Parcel #: _____ Geocode: _____

COMMENTS

DISTRIBUTION INFORMATION: _____

ADDITIONAL INFORMATION: _____

Update Database: _____

Map Number: _____

LDM Tracking: _____