



Timothy Wood
Building Director

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Request for Address Assignment

Parcel I.D. Number: _____

Name of person making the Request: _____

Phone number: _____

Fax number: _____

Email address: _____

**General description of location:
(i.e. SW corner of the intersection
of Jones Street and Smith Street)**

**Provide a sketch drawing or map of
the location.**

**Reason for request:
(Sign, electrical meter, etc.)**

For Office Use Only

Building Department

Date of request: _____

Date referred to ENG: _____

Fee Amount: _____

Receipt #: _____

Processor: _____

Engineer

Address Assignment: _____

Comments: _____

Approval: _____

Signature

Date