



City of Doral

8401 NW 53rd Terrace, 2nd Floor Doral, FL 33166

Phone No. (305)593-6630

REQUEST FOR ADDRESS ASSIGNMENT OR CHANGE

Property Owner's Name _____ Phone No. _____

Email Address: _____

Property Folio Number: _____

Current Address: _____

Single-Family _____ Multi-Family _____ Educational _____ Commercial _____

Office _____ Industrial _____ Vacant Lot _____

Reason for New Address and/or address change: _____

Address assignments are required for:

- ~ Each new address in new developments
- ~ Adding an address to an existing building or property (including new unit numbers)
- ~ Changing an existing address
- ~ Any time a building's main entrance has been relocated to a different street (typical of a corner lot).

PROPOSED ADDRESS – FIRST CHOICE: _____

SECOND CHOICE: _____

THIRD CHOICE: _____

**** Addresses will be verified by the Planning & Zoning Department
and a determination will be made as to which address will be used****

Property Owner's or Representative Signature: _____

Date: _____

I certify that the information provided in this request for address assignment form is true, accurate, and complete.