



Locked Bag 5  
 Town Hall, Boorowa Street  
 YOUNG NSW 2594  
 Phone: (02) 63801200  
 Fax: (02) 63801299  
 E-mail: [mail@hilltops.nsw.gov.au](mailto:mail@hilltops.nsw.gov.au)  
 Web: [www.hilltops.nsw.gov.au](http://www.hilltops.nsw.gov.au)

## REQUEST FOR URBAN ADDRESSING NUMBER PLATE APPLICATION – YOUNG OFFICE

**APPLICANT NAME:** \_\_\_\_\_

**APPLICANT ADDRESS:** \_\_\_\_\_

**(include Property Name)** \_\_\_\_\_

**PHONE NUMBERS** \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M)

**PLATES REQUIRED:**

	LOT & DP (circle property entry)	Addressing No:	ROAD/ STREET	LOCALITY	Number to be ordered by Council	
1					<b>OFFICE USE ONLY</b>	
2						
3						
4						
5						

- Subdivision/Development Application No: (If applicable): \_\_\_\_\_
- Please attach a map showing location of the existing/proposed entrance requiring number.
- Additional information: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use</b>			
Fee: _____	(1231908)	Date: _____	Receipt No: _____

Date Ordered: _____	Date Delivered: _____	Date erected: _____
Rates Notified <input type="checkbox"/> _____	(Date)	Town Planning Notified <input type="checkbox"/> _____
		(Date)