

**CITY of EAST HELENA
CITY ADDRESS APPLICATION FORM**

This space for departmental use:

ASSIGNED ADDRESS: _____ DATE: _____

Emergency Service Number: _____ Fire District: _____

Signature of Address Coordinator: _____

**ADDRESS REQUIRES CITY OF EAST HELENA APPROVAL (227-5321)
CITY-COUNTY ADDRESS COORDINATOR WILL ASSIGN ADDRESS UPON APPROVAL**

CITY OF EAST HELENA INITIALS AND DATE: _____

Name of Property Owner: _____ Phone: _____

Name of Contact: _____ Phone: _____

Mailing Address: _____

City, State, and ZIP: _____

E-Mail: _____

ADDRESS TYPE:

1. NEW CONSTRUCTION _____ CHANGE OF ADDRESS _____ ADDITIONAL ADDRESS _____

2. RESIDENTIAL _____ MULTI-FAMILY _____ (# OF UNITS _____) COMMERCIAL _____ (# OF UNITS _____)

GEOCODE: _____

Available from the Clerk and Recorder's Office (316 N Park Ave, Rm 113) or Assessor's Office (5 Last Chance Gulch)

LEGAL DESCRIPTION:

Subdivision Name or Certificate of Survey Number _____

Block Number _____ Lot Number _____ Section _____ Township _____ Range _____

LOCATION:

Please describe the existing or anticipated location of your structure in relation to the parcel (Example – south side of E Riggs St). Please provide a drawing if necessary.

*** PLEASE PROVIDE A COPY OF THE FILED CERTIFICATE OF SURVEY OR DEED ***

City of East Helena
306 East Main St, PO Box 1170
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