

Municipal Numbering

Receipt Number:	Office Use Only
File Number MN-	
Map Number:	
Date Submitted (yyyy-mm-dd):	

Applicant Information

First Name	Last Name	Company Name (if applicable)
Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Telephone Number	Mobile Number	Email

Property Information

Street Number(s)	Street Name
	Former Municipality <input type="checkbox"/> East York <input type="checkbox"/> Etobicoke <input type="checkbox"/> North York <input type="checkbox"/> Scarborough <input type="checkbox"/> Toronto <input type="checkbox"/> York

Registered Property Owner (Same as above: ☐ Yes ☐ No – Complete the following)

First Name	Last Name	Company Name (if applicable)
Street Number	Street Name	Suite/Unit Number
City	Province	Postal Code
Telephone Number	Mobile Number	Email

Description of Activity (check all that apply)

<input type="checkbox"/> Committee of Adjustment decision or OMB order dated
<input type="checkbox"/> Part Lot Control exemption application
<input type="checkbox"/> New Subdivision
<input type="checkbox"/> Condominium with or without freehold parcels
<input type="checkbox"/> Addressing of whole lots
<input type="checkbox"/> Amalgamation of properties for new commercial or residential development
<input type="checkbox"/> Property currently unaddressed
<input type="checkbox"/> Proposed new main entrance facing another street
<input type="checkbox"/> Address change request (described)

