



OFFICE OF THE CLERK-TREASURER

DISTRICT OF PARRY SOUND

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APPLICATION FOR CIVIC ADDRESS

NUMBER AND SIGN

APPLICANT NAME: _____

APPLICANT PHONE #: _____

APPLICANT ADDRESS: _____

OWNER NAME: _____

OWNER PHONE #: _____

OWNER ADDRESS: _____

ROAD NAME: _____

LOT: _____ CON: _____ PLAN: _____ LOT: _____

ROLL NUMBER: _____

ASSIGNED CIVIC ADDRESS NO: _____ BUILDING PERMIT NO: _____

PRICE OF SIGN: _____ DATE PAYMENT RECEIVED: _____

INSTALLATION BY TOWNSHIP: _____ DATE: _____