



190 E. Front Street
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ADA COUNTY ASSESSOR

ROBERT H. MCQUADE
www.adacountyassessor.org

ADDRESS REQUEST FORM

Please fill in the requested information below and attach a legible site plan of your proposed project. Your request will be handled in the order in which it is received. A new address will be issued within two to three business days after the request form is received.

Date of Request: (mm/dd/yy) _____

Parcel Number: _____

Property Owner: _____

Property Owner Mailing Address: _____

Existing Property Address: _____

Authorized Applicant Name: _____

Authorized Applicant Email: _____

Reason or Purpose For New Address: _____

Your request may be mailed, faxed or emailed. If you have any questions or concerns, the addressing technician's contact information is list below.
Thank you!

Amanda Morse
Land Records Division
GIS Analyst

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