



The City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405
Phone: 912.966.7777 Fax: 912.963.2735

ADDRESS REQUEST FORM

Date Submitted: _____
Resident / Business Name: _____
Contact Phone Number: _____
Contractor Name (if applicable): _____
Contractor Phone Number: _____
Road Name and Parcel ID# of Site: _____

Complete and clear description of structure (example: color, structure material, house, mobile home, vacant lot, under construction):

Address of nearest neighbor/business and complete and clear directions to location site:

Note: Owner/Contractor must place flags along the right of way of the road in front of where the front entrance of the home/business will be located. **Flags must be placed where they can be seen from the road.** Addresses will be issued provided the flags are in place.

Applicant Signature

Date

For City Use:

Address Issued _____

Date Issued _____

Authorized Signature