



565 Chicora Road
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Paul McEachin, Chair
Regis Thoma, Vice Chair
Shaun Krill, Supervisor

OAKLAND TOWNSHIP

ADDRESS REQUEST FORM

PRESENT MAILING ADDRESS: (Please print clearly)

Property Owner Name: _____

Current Address: _____

Current Phone Number: _____

Email Address: _____

INFORMATION NEEDED FOR ADDRESS: (Please print clearly)

Tax Parcel #: _____ - _____ - _____

Adjacent Property Owner: _____

Name of the road your driveway connects with: _____

Closest intersecting road: _____

Property Owner Signature

Date

TOWNSHIP USE ONLY

Date Received: _____

Property Address Assigned: _____