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**CITY OF WALKER  
PERMIT DEPARTMENT**

10136 Florida Blvd.  
P.O. BOX 217  
Walker, LA 70785  
225-665-8893 Office  
225-664-0140 Fax

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**ADDRESS REQUEST FORM**

You must complete this form entirely or an address will not be issued!  
Return completed form to the Permit office at the Walker Municipal Building.

Date: \_\_\_\_\_

Name of person requesting the address: \_\_\_\_\_  
(First and Last Name )

Property owners name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this Property in a subdivision? If yes, which one? \_\_\_\_\_

Tax ID/Parcel Number: \_\_\_\_\_

Road Name: \_\_\_\_\_

Total Acreage: \_\_\_\_\_

Section, Township, Range: \_\_\_\_\_

Legal Description of Property: 

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**Office Use Only**

|                      |              |
|----------------------|--------------|
| Date Issued:         | Staff Name:  |
| Old Address (if any) | New Address: |

Provide a map of the residences surrounding your property. The map must include:

1. The location and dimensions of the driveway to the property you are requesting the address for.
2. The addresses, including number and road names of the nearest homes on both sides of the street.
3. The distance of the driveways (distances between each drive and their distances from your drive) for all adjacent homes.
4. Label all roadways. Please show the road your mailbox will be on and what roadway your front door will face.

(Use the space below to draw your map)

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