



**CITY OF WINTER SPRINGS  
COMMUNITY DEVELOPMENT DEPARTMENT**

1126 East State Road 434

Winter Springs, Florida 32708

[customerservice@winterspringsfl.org](mailto:customerservice@winterspringsfl.org)

**Application – Address Assignment Request**

The Community Development Director reserves the right to determine whether this application is complete and accurate. An incomplete application will not be processed and will be returned to the applicant. The application shall be reviewed per [Florida Statue 419.001](#).

**REQUIRED INFORMATION**

Applicant(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Property Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

Request: \_\_\_\_\_

**NOTE: Requesting a specific address number is not a guarantee that said address number is what will be assigned.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED DOCUMENTATION**

\_\_\_ A Complete Application and Fee

\_\_\_ Plat Attached - (Preliminary Address Plan with street names and proposed addresses on each lot)

\_\_\_ Excel Sheet - Lots, Address Number, Street Name, Owner Name, Parcel ID(s)